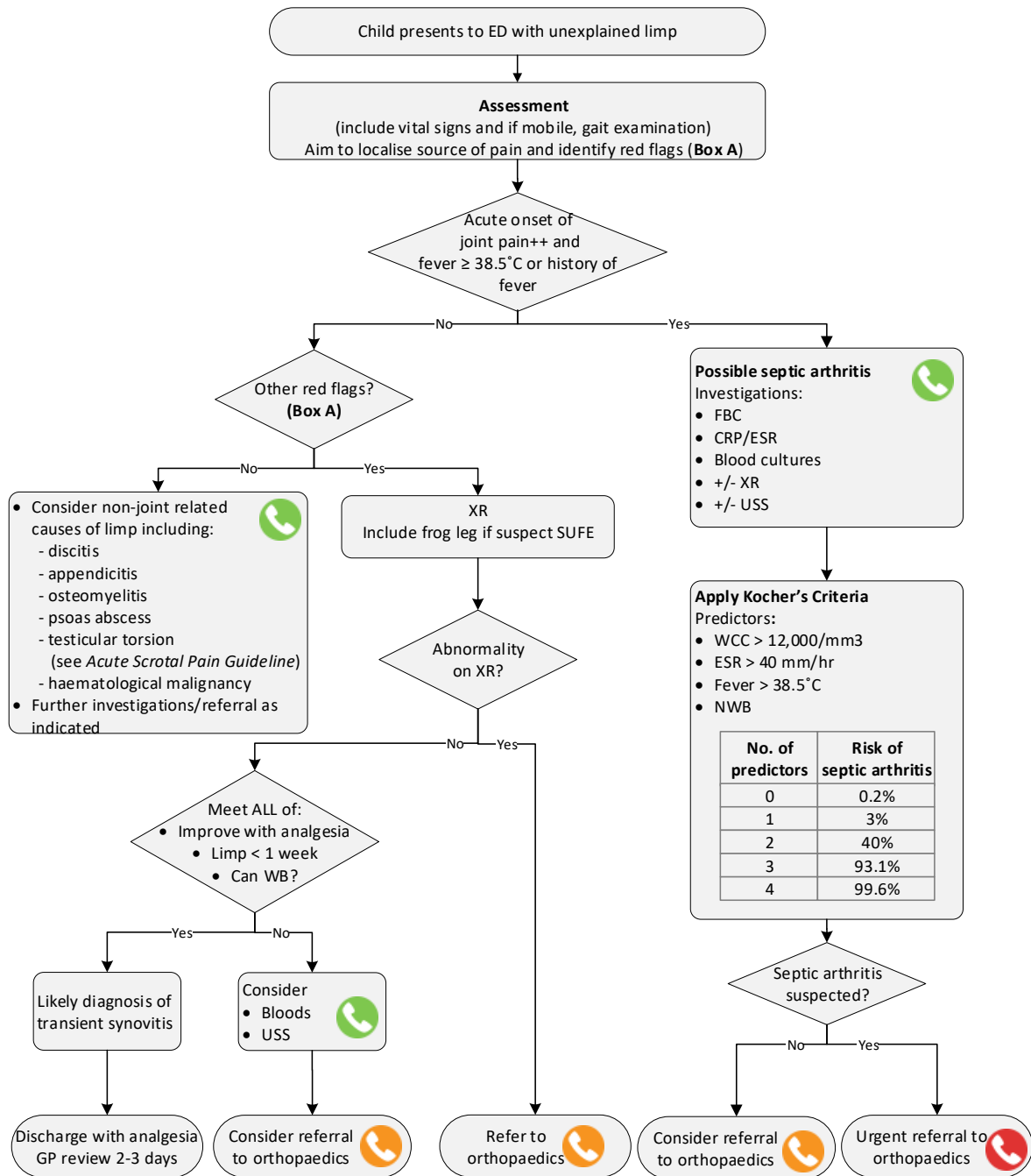


Queensland Paediatric Flowchart

Emergency

Limp – Emergency management in children – Flowchart



Box A: Red flags to suggest serious underlying pathology

- Acute onset of severe localised joint pain and fever
- Inability to WB
- Possibility of unwitnessed trauma/NAI
- Age < 4 years
- Overweight adolescent
- Persistent limp
- Bony pain

Abbreviations

- CRP = C reactive protein
- ESR = Erythrocyte sedimentation rate
- FBC = Full blood count
- NAI = Non-accidental injury
- NWB = Non-weight bearing
- USS = Ultrasound scan
- WB = Weight bear
- XR = X-Ray

- Seek senior emergency/paediatric advice as per local practices. Consider seeking orthopaedic advice.
- Seek orthopaedic advice as per local practices.
- Urgent orthopaedic referral as per local practices. Discuss timing of antibiotics.

CHQ-GDL-60007-Appendix 1 V2.0

For more information refer to [CHQ-GDL-60007 - Limp – Emergency management in children](#)



Common ED presentation

Transient synovitis	
History	<ul style="list-style-type: none"> recent report of upper respiratory or gastrointestinal viral infection is common¹
Examination	<ul style="list-style-type: none"> normal temperature or low-grade pyrexia (less than 38.5°C) usually able to walk and weight bear with mild pain or discomfort
Diagnosis	<ul style="list-style-type: none"> usually by exclusion, with a careful history and examination (blood tests not routinely required though may be needed to exclude other diagnoses) careful clinical assessment is needed to differentiate transient synovitis from an early presentation of septic arthritis in the younger age group²
Management	<ul style="list-style-type: none"> most recover with rest and anti-inflammatory medication within two weeks or less

Less common but serious ED presentations

Septic arthritis	
History	<ul style="list-style-type: none"> usually acute onset of fever (greater than or equal to 38.5° C) and toxaemia
Examination	<ul style="list-style-type: none"> severe pain may occur with passive motion with child reluctant/unable to weight bear
Diagnosis	<ul style="list-style-type: none"> urgent blood and synovial cultures are required to confirm diagnosis synovial fluid aspiration in children must always occur in the operating theatre
Management	<ul style="list-style-type: none"> an orthopaedic emergency

Perthes disease	
History	<ul style="list-style-type: none"> hip discomfort and limp that may fluctuate
Examination	<ul style="list-style-type: none"> loss of hip internal rotation and abduction
Diagnosis	<ul style="list-style-type: none"> early X-rays can be normal, with later changes of joint effusion, epiphyseal fragmentation or loss of femoral head height maintain a high index of suspicion and consider orthopaedic referral in males aged 5-10 years with persistent limp, even if X-rays are normal
Management	<ul style="list-style-type: none"> supportive and/or surgical

Slipped upper femoral epiphysis (SUFE)	
History	<ul style="list-style-type: none"> limp often present for weeks or months, and may have been preceded by minor trauma
Examination	<ul style="list-style-type: none"> may present with groin/ thigh/ knee pain, abnormal gait, weakness and/or thigh atrophy
Diagnosis	<ul style="list-style-type: none"> demonstrated on X-ray of pelvis (including frog leg view) X-ray may be normal or only minor slip in early stages maintain a high index of suspicion in overweight adolescents with persistent limp
Management	<ul style="list-style-type: none"> prompt operative treatment required

For more information refer to [CHQ-GDL-60007 - Limp – Emergency management in children](#)

