

# **Tower Hamlets Children and Young People Guideline**

## **Limping Child**

For advice and guidance, contact the Paediatric Hotline. Telephone number: 07919598173 or E-mail: BHNT.advice-paediatric-barts@nhs.net

A limping child without a clear history of trauma is a very common presentation and a diagnostic challenge. Transient synovitis (TS) is the commonest cause but this diagnosis should only be made after exclusion of more serious disorders It is essential to take a detailed history and examine the whole child, not only the leg. Effusion in the hip will make internal rotation and abduction particularly painful Causes of Limp: All Ages Juvenile Idiopathic Transient synovitis Sickle cell crisis Septic Arthritis Osteomyelitis Arthritis Stress fracture Non accidental injury (NAI) Cellulitis Tumour / leukaemia Referred pain e.g. spine, abdomen, genitals Leg length discrepancy **Neurological Causes** Child (4 - 10 years) Toddler (1 - 3 years) Adolescent (11 - 16 years) Developmental Dysplasia Hip (DDH) Perthes' diséase Slipped Capital Femoral Epiphysis (SCFE) Avascular necrosis femoral head Toddlers fracture (tibia) Gonococcal Septicaemia Is pain localised to hip? Exit pathway No CAUTION: Hip pathology presenting as knee pain Manage condition appropriately If unable to localise pain seek senior advice - DO NOT x-ray entire leg No clear history of trauma? CAUTION: SCFE presenting after minor injury / sport Yes Yes Is diagnosis clear from detailed history and examination? RED FLAGS - for immediate referral to **Paediatrician** No SCFE may occur in younger children Request X-ray especially if early puberty or overweight Age under 5 = Hip AP and lateral Septic arthritis is NOT 100% excluded by Age 5 and above = Hip and Frog Lateral (unless unable to normal blood tests. If on-going clinical weight bear = unstable - Billings lateral) concern, senior review +/- joint aspiration is needed. X-Ray normal Is child febrile > 37.50 C AND / OR restricted range of movement? Yes X-ray abnormal SCFE or Perthes' Request Blood Tests\*: (NB Perthes' may not be evident on first x-ray) Exclude septic arthritis: FBC, U&E, CRP, ESR No (if leukaemia suspected or abnormal FBC request **Abnormal Normal** Re-assess gait and range of hip movement Weight bearing normally Non-Weight bearing Weight bearing normally AND AND OR Normal range of movement Normal range of movement Severe restriction range of movement Discharge Discharge Admit Emergency Department or Paediatric Advise GP review Refer to Orthopaedics on-call Review 3-5 days. Analgesia Ensure IV cannula and blood cultures are taken if infection Ibuprofen 5mg/kg twice daily Advise patient to return immediately suspected. Advise patient to return immediately if worsening pain, fever or limp.

Give patient advice leaflet.

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### **Document Control Information**

This document was created collaboratively between Tower Hamlets CCG and Barts Health NHS Trust. The document has been approved locally for use within the London Borough of Tower Hamlets.

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#### **Document Overview**

This document acts as a guideline and advises on the pathway and procedures which need to be followed when diagnosing and referring patients for treatment. This guideline should be used in conjunction with the users' clinical judgement.

#### Safeguarding

Concerns about Safeguarding should be managed as per LSCB/London Child Protection Procedures and Click <u>Here</u>

NICE Guidance to be used where appropriate. - https://www.nice.org.uk/guidance/cg89

#### **Investigations**

Investigation names and acronyms marked with \* are noted as per the TQuest system input.

#### **NICE Guidance**

https://cks.nice.org.uk/acute-childhood-limp