**Tower Hamlets Children and Young People Guideline
*Limping Child*
*For advice and guidance, contact the Paediatric Hotline.
Telephone number: 07919598173***

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

**Abnormal**

Is child febrile > 37.5o C AND / OR restricted range of movement?

**X-Ray normal**

No

Is diagnosis clear from detailed history and examination?

Is pain localised to hip? **CAUTION: Hip pathology presenting as knee pain
AND**No clear history of trauma? **CAUTION: SCFE presenting after minor injury / sport**

**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)**

Perthes’ disease

**Toddler (1 – 3 years)**

Developmental Dysplasia Hip (DDH) Toddlers fracture (tibia)

**Adolescent (11 – 16 years)**

Slipped Capital Femoral Epiphysis (SCFE) Avascular necrosis femoral head
Gonococcal Septicaemia

**Exit pathway**Manage condition appropriately
If unable to localise pain seek senior advice – **DO** **NOT** x-ray entire leg

Yes

**RED FLAGS – for immediate referral to Paediatrician**

* SCFE may occur in younger children especially if early puberty or overweight
* Septic arthritis is NOT 100% excluded by normal blood tests. If on-going clinical concern, senior review +/- joint aspiration is needed.

Yes

**Request X-ray**Age under 5 = Hip AP and lateral
Age 5 and above = Hip and Frog Lateral (unless unable to weight bear = unstable – Billings lateral)

No

**X-ray abnormal**SCFE or Perthes’
(NB Perthes’ may not be evident on first x-ray)

Yes

**Request Blood Tests\*:**Exclude septic arthritis: FBC, U&E, CRP, ESR
(if leukaemia suspected or abnormal FBC request film)

No

**Normal**

**Re-assess gait and range of hip movement**

Weight bearing normally
**AND**Normal range of movement

Non-Weight bearing
**OR**Severe restriction range of movement

Weight bearing normally
**AND**Normal range of movement

**Discharge**Emergency Department or Paediatric Review 3-5 days.
Ibuprofen 5mg/kg twice daily
Advise patient to return immediately if worsening pain, fever or limp.
Give patient advice leaflet.

**Admit**Refer to Orthopaedics on-call
Ensure IV cannula and blood cultures are taken if infection suspected.

**Discharge**Advise GP review
Analgesia
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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| --- | --- | --- | --- |
| **Lead Author** | Dr Niklaus | **Author Position** | Paediatric Consultant, Barts Health NHS Trust |
| **Additional Contributor (s)** | Matthew Richardson, Administrative SupportJulia Moody, GP and THCCG Clinical Lead |
|  |  |  |  |
| **Approved By** | Julia Moody, December 2017 |
| **Approved By** | Rima Al-Saffar, December 2017 |
| **Approved By** | Lynn Torpey,December 2017 |
| **Approved By** | NELCSU Prescribing Delivery Board, December 2017 |
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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.

**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>

**Safeguarding**Concerns about Safeguarding should be managed as per LSCB/London Child Protection Procedures and
Click [Here](http://gp.towerhamletsccg.nhs.uk/clinical-services/SAFEGUARDING_CHILDREN_HOME_PAGE.htm)
NICE Guidance to be used where appropriate. - <https://www.nice.org.uk/guidance/cg89>