Orthopedic Guidelines for Managing Minor Injuries
Hasbro Children's Hospital Pediatric Emergency Department
Last Revised Feb 2024

Upper Extremity Injuries

Injury	Comments	ED Management	Follow up
A-C separation		Sling & swathe	≥Type **III** 1 Wk; Others 2 wks, on call pedi ortho attending
Clavicle fracture	If skin is tented, should see ortho in ED. Be sure neurovascular exam is good. Swathe is not crucial; most patients dislike them.	Sling +/- swathe	Ortho 1 Wk; on call pedi ortho attending
Traumatic **Elbow** effusion	Be certain no visible fracture line or displacement. Do arthrocentesis if suspicious for infection. Recommended that ortho do the procedure	Posterior splint	Ortho 10-14 days; on call pedi ortho attending
Non-displaced proximal **Humerus Fracture**		Sling & swathe	Ortho 1-2 Wks on call pedi ortho attending
Non-displaced distal **Radius or Ulna fracture** (includes buckle fractures)	Comments: ensure no deformity, no displacement, no neurovascular injury	Volar splint	Ortho 1-2 wks on call pedi ortho attending
Salter I distal **Radius Fracture**		Volar splint	Ortho 1-2 wks on call pedi ortho attending
Snuffbox tenderness (occult scaphoid fracture)	If visible fracture, consult Hand for thumb spica cast	Wrist splint	Ortho 1-2 wks on call pedi ortho attending
Boxer's fracture	They will tolerate angulation in the 4th and 5th digits of up to 30-40° without reduction. But the stressed splinting the MCP joints in flexion. Call ortho if reduction is recommended.	Ulnar gutter splint	Ortho 1 wk on call pedi ortho attending

Lower Extremity Injuries

Injury	Comments	ED Management	Follow up
ASIS or other avulsion pelvis fracture		Crutches, reassurance, weight bearing as tolerated	Ortho 2 wks on call pedi ortho attending
Knee strains		Knee immobilizer, crutches	Ortho 1-2 wks on call pedi ortho attending
Patellar dislocation	No need to get x-rays prior to reducing these! It's cruel to make them wait for registration / chart / nursing / etc. No need for urgent ortho consult if post-reduction x-ray is ok. This injury does tend to recur. If evidence of avulsion fracture recommend 1 week. Need sunrise view to document reduction	Reduce post-reduction XR; knee immobilizer, crutches	Ortho 1-2 wks on call pedi ortho attending
Salter I distal Fibula		Cam boot, weight bearing as tolerated, crutches	Ortho 2 wks on call pedi ortho attending
Tibia spiral fracture/ Toddler's fracture	If no fracture line but tender to palpation over tibia, immobilize with cam boot or posterior splint and f/u 10 days. Ortho may repeat x-ray if still tender or limping. If nondisplaced fracture, place in cam boot and f/u ortho in 1 week for possible cast. *these kids may need an extra small cam boot. If appropriate size is not available place in post splint and send to University Ortho in next 1 or 2 days for boot/cast.	Age appropriate cam boot vs posterior splint	Ortho 1-2 wks on call pedi ortho attending
Non-displaced **Metatarsal fracture**		Jones dressing, hard shoe, weight bearing as tolerated, crutches PRN	Ortho 2 wks on call pedi ortho attending
Cast checks	Neurovascular exam, pain control	No need for patient to wait for ortho resident, although our policy of calling ortho resident from triage should probably stay the same.	As directed on call pedi ortho attending

Comments in general:

The use of the **"Jones Dressing"** for several injuries listed above. This simply means wrapping the injured part with Webril first, followed by an Ace wrap. The cotton is less constricting to the patient. Injuries to consider a Jones: MT fracture, Patellar dislocation (then apply knee immobilizer), knee strains. It is safe to say this wrap is preferable to using the Ace wrap alone in most situations.

Please refer to the on call pedi ortho attending (the secretary can get you this name) Univ Ortho main phone number: 401-457-1500

Above should serve as guidelines and not gospel. Always call if questions or special circumstances.

Authors: Frank Overly, Craig Eberson , Erica Iafelice