**Management of an Isolated Diaphyseal Femur Fracture**

(See inclusion/exclusion criteria on page 2)

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### ALL Femur Fracture Ages ≤ 36 Months - Require Immediate SW Consult to Screen for NAT

*If OR required, patient must be in OR within ≤ 18 hours from time of arrival to ED*

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### Consult Social Work if NAT suspected, regardless of age

#### Age ≤ 12 Months (Assume NAT)
- EG – admit trauma service
- SR – admit pediatric service

*Required – SW consult to screen for NAT

### Age > 12 Months
- NAT suspected admission:
  - EG – trauma service
  - SR – pediatric service

- NAT not suspected – admission:
  - 12-17 months – pediatric service
  - ≥ 18 months – ortho service (Only after cleared by SW in ED)

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### Disposition from ED

#### For NAT suspected cases, place Child Advocacy medical order after patient is admitted to floor

**Recommended:** (Choose 1)
- Pavlik harness
- Posterior splint

**Applied in ED by Ortho physician or designee**

### Disposition from ED

**Admit patient to service above with Ortho consult**
- Address pain management and document NV status prior to going to floor

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### Inpatient Interventions

**Determine need to obtain skeletal survey prior to spica cast**
- For patients needing a spica cast: To OR within 18 hours of time of arrival for cast application
- Pain management
- Monitor NV status
- Maintain harness/splint application

### Discharge

- Cast care education
- Spica care video if appropriate
- Car seat education if appropriate
- Mobility requirements addressed (i.e., wheelchair, walker, crutches)
- Follow-up as directed by orthopedic surgery
- Pain management: provide prescription on discharge

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### Additional X-Ray Views per Physician Order

#### 1) Assessed fractures

- Remove all dressings & visualize area
- Assess for displacement
- Neurovascular status (NV)
- Soft tissue swelling

**Soft tissue envelope prompt evaluation should occur as indicated by patient condition**

### Bucks Traction

- Use if skin is intact and of normal quality
- Traction weight: 10% of body weight
- Max traction weight is 15 pounds (6.8kg)

### Cast Care

- Refer to spica cast care education sheet
- Keep cast clean and dry
- Elevate on pillows
- Assess NV status with VS

### PT Goals

- Patient/Caregiver will independently demonstrate safe functional mobility that is appropriate to patient needs with the equipment recommended by a licensed physical therapist.

### Pain Management

- Includes IV or oral pain control as indicated
- Positioning and cast care

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### Discharge Criteria

- If concern for NAT: Social work to establish clear discharge plan prior to patient being discharged
- NV status intact
- Meets PT goals
- Pain controlled with oral medications

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Developed through the efforts of Children’s Healthcare of Atlanta and physicians on Children’s medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers’ obligation to patients. Ultimately the patient’s physician must determine the most appropriate care.

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**Inclusion Criteria:**
Isolated Diaphyseal Femur Fractures admitted to the ED

**Exclusion Criteria:**
Any patient with a Co-morbidity & Trauma Patients with multisystem injury

**Definitions:**
- NAT: Non Accidental Trauma
- CPC: Child Protective Services
- NV – Neuro Vascular
- AAOS: American Association of Orthopedic Surgeons

**Petalining the Spica Cast**
- **Purpose:** To keep the cast and skin dry and free from exposure to urine/feces
- **Method:**
  - Cast should be petaled before patient voids or stools and within 2 hours.
- **Materials:**
  - No Latex Allergies: Moleskin & Duct tape or Waterproof Tape (i.e. Blended)
  - Latex Allergies: Moleskin & Waterproof tape (i.e. Blended)
- See Spica Cast Teaching Sheet

**Bucks Traction Safety Tips**
- **When transporting patient:**
  - Use 2 staff members for transport
  - Secure weight to prevent movement

  **Check NV status before and after transport**

  **Notify Ortho Physician of any changes in NV status**

  **Maximum Weight is 15 pounds**

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**Guideline Data:** Data reported for this guideline will only represent patients meeting inclusion criteria; however physicians may deem the guideline appropriate for use for patients presenting with one or more of the exclusion criteria.