### 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)*

### Management of an Isolated Diaphyseal Femur Fracture

#### Initiate Caregiver Protocol for Extremity Trauma

1. **Assessment by ED Physician**
   - If Patient is in Hare Traction, Call Ortho Immediately

2. **Assessment by UC Physician**
   - If Patient is in Hare Traction, Call Ortho Immediately

#### Notify Ortho Resident or Ortho APP

#### Call Transfer Center

#### Immobilize & Transfer to ECH or SR

### 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*

### Caregiver Initiated Protocol
- **Apply Ice to Affected Area if Injury is Less Than 24 Hours Old**
- **Elevate Affected Limb**
- **Place Affected Limb in Position of Comfort and Immobilize Appropriately**
- **Manage Pain per Caregiver Initiated Analgesia Protocol**
- **X-Ray per Caregiver Initiated Protocol**

### Assessment of Fractures
- **Remove All Dressings & Visualize Area**
- **Assess for Displacement**
- **Neuro Vascular Status (NV)**
- **Soft Tissue Swelling**
- **Soft Tissue Envelope**

Prompt evaluation should occur as indicated by patient condition.

### Buck's 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**

### 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 Medication**

#### 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

### PETALING 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. Blenderm)
  - Latex Allergies: Moleskin & Waterproof tape (i.e. Blenderm)
- **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**

**Maximun Weight is 15 Pounds**

**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.