Limping Child Pathway

Clinical assessment/management tool for children

Management – Primary Care and Community Settings





Patient presents

Limp - abnormal gait pattern usually caused by pain, weakness or deformity

See table 2 for common and significant causes of limp.

Any history of trauma?

No history of trauma
Assess child on basis of age and
history/examination

- Low threshold for same day X-rays
 - Consider referral to A&E
 - Consider child protection in younger children

Table 1

Green	Amber	Infection (SA/OM) red Flags	Malignancy red flags
Symptoms less than 72 hours or >72 hours and improving	Symptoms more than 72 hours and no improvement	Temperature >38.5°C in preceding week	Fatigue, anorexia, weight loss, night sweats
Mobile but limping	No red flags	Unable to weight bear	Pain waking child at night
Well		Pain on moving joint (passive)	
No red flags			

Green Action: Likely Transient Synovitis

- Provide with age appropriate advice sheet
- Regular analgesia with ibuprofen and paracetamol
- If any safeguarding concerns or concerns about slipped upper femoral epiphysis, low threshold for same day Xrays.
- · Review in 48 72 hours

Amber Action

 Phone secondary care as per local pathway to arrange urgent assessment

Urgent Action

Yes

Phone secondary care as per local pathway to arrange urgent assessment

Urgent Action

 Phone Paediatrician-On-Call to arrange urgent assessment

Record your findings (See "Good Medical Practice" http://bit.ly/1DPX/2b)

If not improving at 48-72 hours, not resolved by 1 week or any uncertainty about diagnosis

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Table 2: causes of limp by age

 Usually febrile Most commonly occurs under 4 years of age. Pain + inability to bear weight. If SA hip, hip often held flexed and abducted. Child often looks unwell and passive movement of the joint extremely painful. Septic arthritis is a medical emergency requiring urgent treatment. Typically acute onset following a viral infection. No systemic upset. Peak onset age 5/6 years, more common in boys. Malignancy including leukaemia Usually occurs aged 11-14 years. More common in obese children and in boys. Bilateral in 20-40%. May present as knee pain Metabolic disease e.g. rickets 	Age less than 3 Year	Age 3 – 10 Years	Older than 10 years	Any Age
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