

Pediatric Extremity Injury Protocol

1. If there is a delay in placing a pediatric patient with an injured extremity in the Pediatric Emergency Department, contact the Pediatric Emergency Physician to assess the patient or obtain a verbal order to initiate the protocol.
2. Determine if the patient has recently had pain medications recently given.
3. If no pain medications have been given, give the patient 10 mg / kg / dose of Ibuprofen, up to a maximum of 600mg, orally. If the patient requires additional pain medications, contact the Pediatric Emergency Physician for oral narcotic pain medications such as Tylenol with Codeine or Hydrocodone.
4. Order the appropriate x-ray of the affected extremity, ensuring that both the joint above the injured area and the joint below the injured area are included. Use the following table for reference:

- a. Isolated clavicle pain or deformity: **Clavicle X-ray**
- b. Shoulder pain: **Shoulder X-ray Series**
- c. Pain over the humerus or upper arm: **Humerus X-ray Series**
- d. Forearm / Elbow Pain: **Elbow X-ray Series AND Radius and Ulna (Forearm) Series**
 - i. Do not obtain x-rays in toddlers with elbow or forearm pain with a history of a traction injury without a physician examining the patient
- e. Femur Pain: **AP Pelvis X-ray and Femur Series**
- f. Knee Pain: **Knee Series**
 - i. If the patient is a toddler and the patient has a history of knee or leg pain after a jumping or twisting event, then obtain a **Tibia and Fibula X-ray Series ONLY** initially.
- g. Lower Leg Pain: **Tibia and Fibula X-ray Series**
- h. Ankle Pain: **Tibia and Fibula X-ray Series AND Ankle X-ray Series**
- i. Foot Pain: **Foot X-ray Series**

Physician Signature

Date & Time

() Verbal order obtained and RBO. _____

RN Signature

Date & Time