Limping Child Pathway

• PRIORITIES OF CLINICAL ASSESSMENT

- Limp - abnormal gait pattern usually caused by pain, weakness or deformity
- See table 2 for common and significant causes of limp.
- The differential diagnosis is broad and includes trauma and non-trauma
- Usually relates to hip, other joints should be considered more concerning

RED FLAGS

- History of trauma
- Underlying bone disease or immunocompromised
- Septic appearance
- Concerns about safeguarding particularly in young or pre-verbal children

Green	Amber	Infection Red Flags	Malignancy Red Flags	Other
• Symptoms less than 72 hours or >72 hours and improving • No history of trauma • No safeguarding concerns	• Symptoms more than 72 hours and no improvement	• Temperature >38°C	• Fatigue, anorexia, weight loss, night sweats	• History of trauma
• Able to weight bear but limping	• Unable to weight bear	• Red, swollen joint	• Pain waking child at night	• Safeguarding concerns
• Well	• No red flags	• Pain on moving joint (passive)		
• No red flags				

GREEN ACTION	AMBER ACTION	RED ACTION Urgent Action	RED ACTION Urgent Action	RED ACTION other
• Likely Transient Synovitis • Provide with age appropriate advice sheet • Regular analgesia with ibuprofen and paracetamol • Review in 48 - 72 hours • Concerns about slipped upper femoral epiphysis should be referred for same day x-ray	• Phone secondary care as per local pathway to arrange urgent assessment	• Send child to Paediatric Emergency Department or Paediatric Assessment Unit	• Phone Paediatrician-On-Call to arrange urgent assessment	• In all cases the referrer must contact Social Care as per local guidance prior to referral if there are safeguarding concerns • If history of trauma refer to ED as per local policy

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

This guidance has been reviewed and adapted by healthcare professionals across North East and North Cumbria with consent from the Hampshire development groups

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Clinical Assessment/Management tool for Children

Healthier Together

NHS

Primary and Community Care Settings

Table 2

Age Less than 3 Years	Age 3 – 10 years	Older than 10 years	Any Age
Septic Arthritis (SA)/Osteomyelitis • Usually febrile • Most commonly occurs under 4 years of age • Pain and inability to weight bear • Child often looks unwell • Passive movement of joint is extremely painful • SA of Hip, hip often held flexed and abducted • Femoral OM children may have some passive range of movement if no extension into joint • Requires urgent assessment and treatment. • Septic Arthritis is a medical emergency **Developmental Dysplasia of hip** **Transient synovitis is less common below 3 years of age.** **Fracture/ soft tissue injury** **Non Accidental Injury**	**Transient synovitis** • Typically acute onset following a viral infection. • No systemic upset. • Peak onset age 5/6 years, more common in boys. • No pain at rest and passive movements are only painful at the extreme range of movement. • Recurs in up to 15% of children. • Managed with oral analgesia. **Septic arthritis (SA)/ osteomyelitis (OM)** **Fracture/soft tissue injury** **Perthes disease** • Usually occurs in children aged 4-10 years (peak 5 and 7 years.) • Affects boys more than girls • Bilateral in 10% • Consider if persisting limp	**Septic arthritis (SA) / osteomyelitis (OM)** **Slipped upper femoral epiphysis (SUFE)** • Usually occurs aged 11-14 years. • More common in obese children and in boys. • Bilateral in 20-40%. • May present as knee pain • **Same day Xray essential** – delayed treatment associated with poor outcome. **Perthes disease** **Fracture/soft tissue injury**	**Septic arthritis (SA) / osteomyelitis (OM)** **Malignancy** including leukaemia • Weight loss or poor appetite • Easy bruising • Pallor • Abdominal mass • Miserable **Non-malignant haematological disease** e.g. haemophilia, sickle cell **Metabolic disease** e.g. rickets **Neuromuscular disease** e.g. cerebral palsy, spina bifida **Limb abnormality** e.g. length discrepancy **Inflammatory joint or muscle disease** e.g. JIA • Consider where limp persistent for 6 weeks or more • Affects the hip in 30-50% and usually bilateral • Uncommon for hip monoarthritic as initial presentation • Typically present with groin pain, may have referred thigh or knee pain • Often history of morning stiffness with gradual resolution of pain with activity • There is painful or decreased range of motion especially in internal rotation • Analgesia should be started and referral to paediatric/paediatric rheumatology