

STABILIZATION OF PEDIATRIC FEMUR FRACTURE

DEFINITION:

A pediatric immobilization and transport system is designed for children up to 65 lbs and 25" – 48" in length. (Ped Board)

PURPOSE:

To stabilize a femur fracture of a child four years of age or older without using a pediatric traction splint.

MEDICAL FIRST RESPONDER:

1. Manually stabilize the injured leg so it will not move, checking CMS below the fracture.
2. Align the leg by manually applying and holding gentle longitudinal traction. CMS must be checked after alignment.
3. Place the injured leg into a pediatric pro splint or secure the injured leg to the other leg with cravats.

BASIC through PARAMEDIC/RN:

1. Place the child onto a pediatric or adult backboard, depending on patient's height.
2. Secure the patient's torso then legs to the backboard to immobilize the hip and prevent movement en route to the hospital.
3. Continue to monitor CMS in the extremity.
4. Intermediate Tech through Paramedic/RN consider initiating IV of Normal Saline TKO.

INTERMEDIATE 99/PARAMEDIC/RN:

1. Follow pain management guideline.



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