Urgent Stabilisation for Children's Femoral Fractures

The North West Children's
Major Trauma Network

Transfer of an injured child

- Clinically evident fractured SOF
- Analgesia
- Traction Splint
  - Kendrick Traction Device maintained by skin traction
  - Thomas splint
- Xray ?
- Trauma Blue Transfer via NWAS

Benifits

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- Manage pain
- Limit blood loss
- Mitigate Neurovascular injury

Equipment

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- Adhesive Skin traction
- KTD
- Gamgee padding/ wound pads
- Bandage
- Tongue depressors

Adhesive Skin Traction

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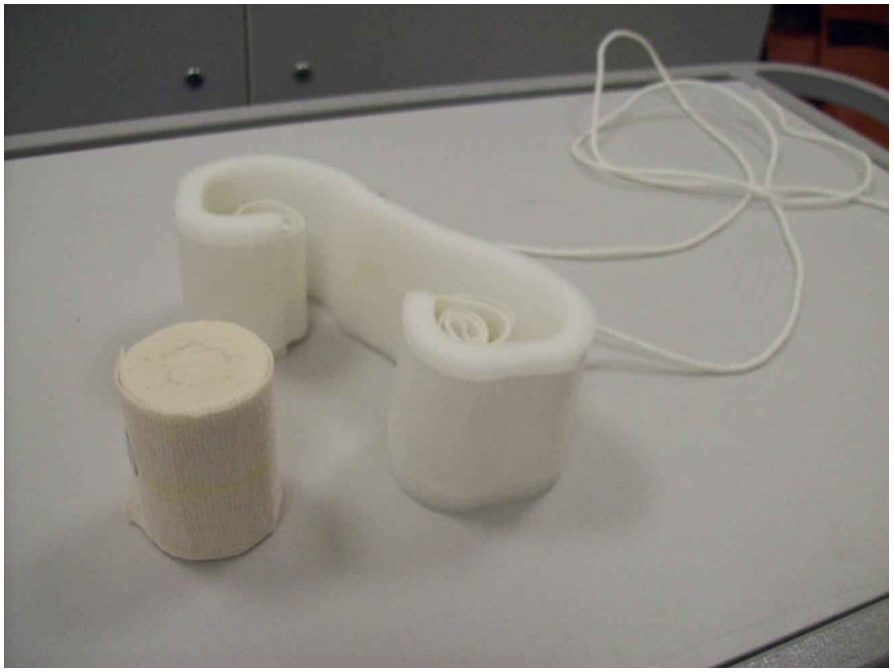

KTD in children?

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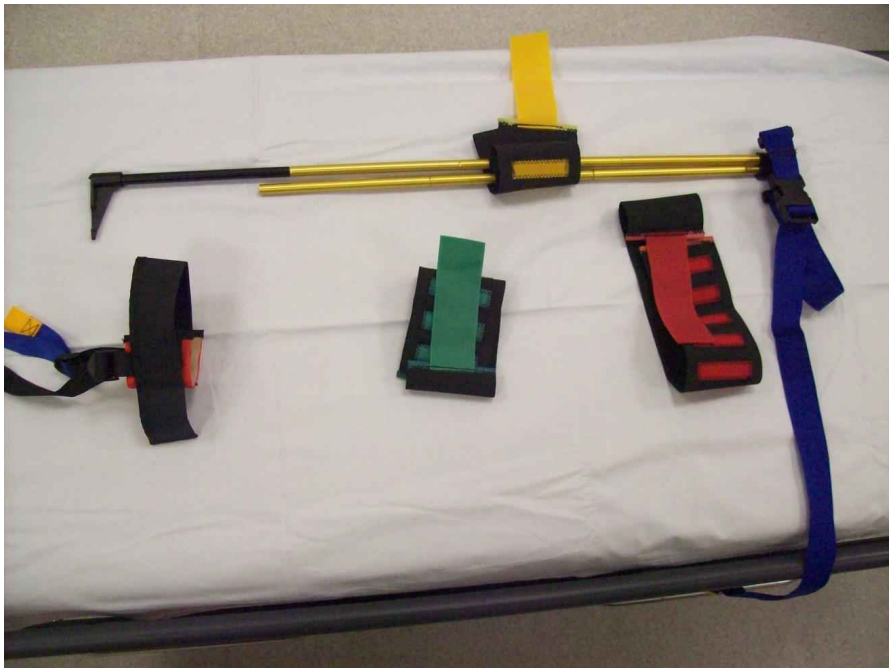

Components of KTD

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- Use the KTD pole and groin strap
- Supportive straps can be used
- Don’t use the ankle strap

Swollen,
Shortened and Internally rotated

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Neurovascular Status

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Analgesia

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- Opiate IN/ IV
- Entonox (demand or free-flow)
- Ketamine
- Femoral nerve block
- RSI (for other injuries)

KTD groin strap

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After analgesia apply traction

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Heel pad

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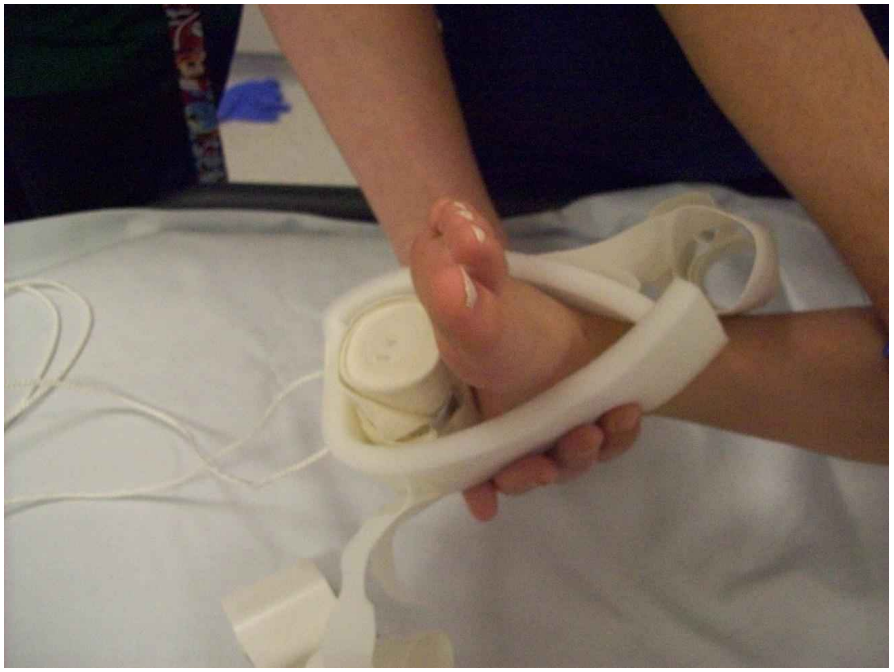

Apply adhesive straps

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Bandage

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Apply traction via cords

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Insert poles in the groin strap

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Push and secure groin strap

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Attach to end bar

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Secure with Figure of ‘8’ knot

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Pad with Gamgee for Transfer

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Bandage splint

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Spanish Windlass

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Conclusions

- Simple, Quick and Effective
- X Ray not needed in obvious deformity
- Skin traction transfers to Thomas Splint
- Availability NWAS/ TU