

Treatment for Broken Nose (Nasal Fracture) in Children



A nasal fracture is a break in 1 or more of the bones of the nose. It's also called a broken nose. Nasal fractures are more common in adults than in children. Children's nasal bones are more difficult to fracture. But the nasal bone is one of the most commonly fractured bones of the face. The lower part of the nasal bone is thinner than the upper part and breaks more easily. In babies, nasal fracture can cause trouble breathing. This is because babies don't normally breathe through their mouths. A baby with a nasal fracture needs emergency treatment.

Types of treatment

Your child may need to see an ear, nose, and throat doctor (otolaryngologist) for treatment. Treatment is based on your child's age, overall health, and the type of injury.

Your child will need to sit upright for a time after the injury. This helps to reduce swelling of the nose. It also helps to keep blood from pooling in the nose. First treatments may include pain medicines and ice.

Any bones in the nose that are out of place will need to be lined up normally. This is called reduction. This is a common part of treatment for nasal fracture. Your child may need this right away or at a later time. A reduction may be done by moving the bones back into place (closed reduction). In some cases, surgery is done to move the bones (open reduction). Reduction is often done with general anesthesia. This means your child sleeps through the procedure and doesn't feel pain.

After reduction, the nose may need a splint. Your child's nose may not look exactly the way it did before. Nose surgery (rhinoplasty) may help restore the nose to a better look.

If your child's nasal fracture is more severe, they might need a more complex surgery after the injury. This is called septorhinoplasty. It can help restore the normal look of the nose. It also fixes a displaced nasal septum and blocked nasal airway.

Possible complications of a nasal fracture

Your healthcare team will work to prevent complications. Your child's risk for possible complications may vary according to age and the extent of injury. Some possible complications include:

- Pocket of infection in the septum (septal abscess)
- Pocket of blood in the septum (septal hematoma)
- Severe nosebleed
- Infection of the brain or tissues around the brain
- Blocked tear duct
- Abnormal connection between the nasal cavity and the mouth
- Underdevelopment of the maxillary bone, making the middle of the face look sunken
- Change in the way the nose looks

Complications often need treatment, such as antibiotics or surgery.

Protecting your child's nose during healing

After a nasal fracture, the nose needs time to heal. The nose is easy to injure again during this time. For this reason, most healthcare providers advise that children not play any sports for at least 2 weeks. Your child should not play contact sports such as football or wrestling for at least 6 weeks.

When to call the healthcare provider

Call your child's healthcare provider right away if your child has any of these:

- Fever (see "Fever and children" below)
- Chills
- Bleeding that doesn't stop
- Confusion
- Nausea or vomiting
- Severe pain
- Loss of consciousness

Fever and children

Use a digital thermometer to check your child's temperature. Don't use a mercury thermometer. There are different kinds and uses of digital thermometers. They include:

- **Rectal.** For children younger than 3 years, a rectal temperature is the most accurate.
- **Forehead (temporal).** This works for children age 3 months and older. If a child under 3 months old has signs of illness, this can be used for a first pass. The provider may want to confirm with a rectal temperature.
- **Ear (tympanic).** Ear temperatures are accurate after 6 months of age, but not before.
- **Armpit (axillary).** This is the least reliable but may be used for a first pass to check a child of any age with signs of illness. The provider may want to confirm with a rectal temperature.
- **Mouth (oral).** Don't use a thermometer in your child's mouth until they are at least 4 years old.

Use the rectal thermometer with care. Follow the product maker's directions for correct use. Insert it gently. Label it and make sure it's not used in the mouth. It may pass on germs from the stool. If you don't feel OK using a rectal thermometer, ask the healthcare provider what type to use instead. When you talk with any healthcare provider about your child's fever, tell them which type you used.

Below are guidelines to know if your young child has a fever. Your child's healthcare provider may give you different numbers for your child. Follow your provider's specific instructions.

Fever readings for a baby under 3 months old:

- First, ask your child's healthcare provider how you should take the temperature.
- Rectal or forehead: 100.4°F (38°C) or higher
- Armpit: 99°F (37.2°C) or higher

Fever readings for a child age 3 months to 36 months (3 years):

- Rectal, forehead, or ear: 102°F (38.9°C) or higher
- Armpit: 101°F (38.3°C) or higher

Call the healthcare provider in these cases:

- Repeated temperature of 104°F (40°C) or higher in a child of any age

- Fever of 100.4° (38°C) or higher in baby younger than 3 months
- Fever that lasts more than 24 hours in a child under age 2
- Fever that lasts for 3 days in a child age 2 or older

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