

Atraumatic Limp											
Sources	BCH EBG (limp/irritable hip), CHOP Clinical Pathway (septic arthritis) , UpToDate: Approach to the child with a limp, UpToDate: Overview of the causes of limp in children, Kocher MS, Zurakowski D, Kasser JR. Differentiating between septic arthritis and transient synovitis of the hip in children: an evidence-based clinical prediction algorithm. J Bone Joint Surg Am 1999; 81:1662.										
Differential Diagnoses	<ul style="list-style-type: none"> • “Big Four” inflammatory causes: Septic Arthritis, Transient Synovitis, Lyme Arthritis, Osteomyelitis • Other inflammatory causes: Myositis, Oncologic, Abscess, Appendicitis, JIA • Non-inflammatory causes: Toddler’s fracture, Legg-Calvé-Perthes disease, Slipped capital femoral epiphysis (SCFE), Overuse injuries (Osgood-Schlatter, Sinding-Larsen-Johansson, Patellofemoral syndromes), Torsion of the testicle, Foot foreign body, Poor shoe fit • Red flags: pain at rest, non-weight bearing, pain at night, and pain away from joints; systemic symptoms such as weight loss, fevers; anemia or petechiae 										
Workup	<ul style="list-style-type: none"> • General approach: exam → XR any suspected joint → if XR negative, consider labs and use Kocher Criteria • Physical Exam: <ul style="list-style-type: none"> ■ Evaluate for swelling, erythema, fluctuance, point tenderness ■ Evaluate ROM or pain on ROM ■ Observe how the child naturally holds the leg ■ Observe gait ■ Rule out foreign body on the sole of the foot • Imaging: X-ray films • Labs (if fever, inability to weight bear, or clinical concern for septic arthritis): <ul style="list-style-type: none"> ■ CBC, ESR/CRP, BCx, Lyme Titers • Kocher Criteria: <ul style="list-style-type: none"> ■ Fever > 38.5 ■ Non-weight bearing ■ ESR >40 ■ WBC >12K <table border="1"> <caption>Chance of Infection Based on number the of positive Kocher Criteria</caption> <tbody> <tr> <td>0</td><td><0.2%</td></tr> <tr> <td>1</td><td>3%</td></tr> <tr> <td>2</td><td>40%</td></tr> <tr> <td>3</td><td>93.1%</td></tr> <tr> <td>4</td><td>99.6%</td></tr> </tbody> </table>	0	<0.2%	1	3%	2	40%	3	93.1%	4	99.6%
0	<0.2%										
1	3%										
2	40%										
3	93.1%										
4	99.6%										
Management	<p>If Kocher criteria >1, consult ortho and consider</p> <ul style="list-style-type: none"> ■ Obvious effusion → tap joint ■ Irritable hip → hip ultrasound → if effusion, tap joint ■ If no effusion → MRI to look for osteomyelitis <p>Analyze Joint Fluid</p> <ul style="list-style-type: none"> ■ Labs: WBC and differential, Gram Stain, Culture ■ >50k WBC or gram stain positive → treat as septic arthritis ■ 25k-50k WBC → possible septic joint, could also be Lyme arthritis or synovitis ■ <25k WBC → transient synovitis 										
Discharge Criteria	<ul style="list-style-type: none"> • Non-toxic appearing • Weight bearing, with rare exception • Have discussed cases of diagnostic uncertainty with orthopedics • Reliable caretaker and ability to return if needed • Discharge with: NSAIDs, signs/symptoms warranting return, 24hr follow-up 										

Animal Bites	
Sources	AAP Red Book, UpToDate
Bacteria	<ul style="list-style-type: none"> • Cat/Dog: Pasteurella, anaerobes • Cat: Bartonella henselae • Human: Strep, Staph, anaerobes, Eikenella

Animal Bites continued on next page →