



Broken bones in children: a short guide for parents

This leaflet aims to answer the questions that you or your child may have about managing a broken bone once you have left hospital.

Note to young people reading this leaflet: To make this leaflet easier to read we have addressed it to parents or carers; please excuse us for referring to you as 'your child'.

How do doctors tell whether a bone is fractured?

A fracture is a partial or complete break in the bone. When a fracture occurs, it is classified as either 'open' (wound or break in the skin near the site of the broken bone) or 'closed' (broken bone that does not penetrate the skin).

A doctor can often tell if the bone is broken by the look of the injured area. There may be swelling or bruising, or the limb might look deformed. It may also hurt to move, touch, or press on it. X-rays are used to confirm a diagnosis, although some fractures can be difficult to detect on x-rays. Sometimes, in severe breaks, the broken bone may be poking through the skin.

What is the treatment?

Specific treatment for a fracture will be decided by the Orthopaedic Team based on your child's age, health and overall medical history, as well as the extent and type of fracture.

Treatments include splints or plaster casts, or in rare cases, surgery.

Things to be aware of early on in the treatment

Bruising and excessive swelling are a major concern following any fracture. It is important to monitor your child's limb for any signs of circulation or nerve problem. All fractures are painful. Your child will require regular pain relief, e.g. Paracetamol and Ibuprofen, for the first 48 hours and as required after that. Follow the dose guidelines on the packet or take advice from your pharmacist.

Care of the cast

- For the first 48 hours, do not rest the cast on a hard surface or sharp edge as it can leave a dent, causing pressure on the skin under the plaster.
- Keep the cast elevated (raised up) as much as possible to prevent swelling.
- Check your child's fingers or toes of the arm or leg in cast several times a day. They should feel warm, have normal skin colour and he/she should be able to move them.
- Your child should not walk or put weight on the cast unless your doctor says to do so.
- Keep long arm casts in a sling at all times, except when sleeping.
- Do not allow your child to place objects inside the cast.

- Do not get the cast wet for any reason.
- Your child can take a bath, if the cast can be covered with a plastic bag and kept above the water.
- Keep the skin around the cast edges clean and dry.
- If your child is in a removable cast, you will have been shown how to remove the cast and given advice about when this should be done.
- A follow up appointment may be made, depending on the injury your child has sustained.

Return to the Children’s Emergency Department or see your GP if:

- Your child's fingers or toes of the injured limb feel numb or cold or look blue or pale.
- Your child complains of tingling, tightness, or pain in the injured arm or leg.
- There is pain under the cast in one spot, or pain anywhere for no apparent reason.
- It hurts your child to move the fingers or toes.
- Your child has a fever.

Contact the Orthopaedic Clinic (number below) if:

- You smell a bad odour coming from the cast.
- The skin around the cast edge is red or irritated.
- The cast gets wet or is soft or cracked.
- The pain medication does not make your child feel better.

Contact us

If you have any further questions or concerns regarding your child’s condition, please contact the Orthopaedic Clinic between 8.30am – 5.00pm Monday – Friday on 0118 322 7553 (except bank holidays).

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Nev Davies, RBFT Paediatric Orthopaedic Department, October 2024
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