# Fractures in children: caring for your child in an leg cast



#### ORTHOPAEDIC FACT SHEET

Your child has a cast to support and protect the bone while the fracture heals. Correct care of your child's cast at home is very important.

#### Pain

Fractures are painful. Simple pain medication such as paracetamol is often needed (e.g. Panadol™). Give regularly for the first few days following the directions on the packet, or as directed by the doctor.

## Swelling

During the first one to two days it is important to rest and elevate the leg to minimise swelling. Raise the leg on pillows when sitting or lying down (Figure 1). Encourage your child to move their toes frequently.

#### Skin care

Itching under the cast is common. Avoid scratching inside the cast as this may damage the skin and cause infection. Do not push any object inside the cast. Never cut or attempt to modify the cast.

#### Cast care

Keep the cast clean and dry. When showering or bathing, seal the cast in a plastic bag with tape or a rubber band. Never immerse in water.

## Mobility

Children are generally not allowed to put any weight through the fractured leg for walking, and must keep the foot off the ground. Older children may use crutches (as instructed) if safe to do so. Young children cannot manage crutches safely but may be able to use a walking frame. A wheelchair or pusher will be needed where crutches or a walking frame is difficult, and for longer distances.

If your child is allowed to put some weight through the leg, a plaster shoe must be worn. This is important to protect the cast and reduce the risk of falling.

# When to seek urgent help

Severe pain and swelling, change in the colour of the toes (white or blue), numbness or pins or needles, and inability to move the toes are concerning signs that the cast may be too tight. If any of these signs occur, rest and raise the leg on pillows for 30 minutes.

# Take your child immediately back to the hospital emergency department, when, even after elevating the leg for 30 minutes:

- the toes remain very swollen
- the toes remain white or blue
- your child complains of pins and needles, or numbness in the toes
- your child is not able to move their toes, or complains of pain when you move them
- there is severe pain that is not relieved by the recommended medication at the recommended dose.

Take your child to the hospital you attended or the local doctor if:

- the cast is cracked, soft, loose or tight, or has rough edges that hurt
- you are worried that an object has been pushed inside the cast
- there is an offensive smell or ooze coming from the cast
- there is increasing pain.



Figure 1. During the first one to two days, raise the leg on pillows when sitting or lying down

This fact sheet has been developed by **The Royal Children's Hospital**. The information contained in this fact sheet is intended to assist, not replace, discussion with your doctor or health care professional. The Royal Children's Hospital and the Victorian Paediatric Orthopaedic Network do not accept any responsibility, and will not be liable for, any inaccuracies, omissions, information perceived as misleading, or the success of any treatment regimen detailed in the fact sheet. Fact sheets may not be reproduced without permission. ©2010 The Royal Children's Hospital (RCH), Victoria, Australia. Last updated July 2012. ERC 100373



Monash Children's Southern Health

Western Health 💔

