

# Management of Swollen joints in Children

## Child presenting with swollen joint

ABCDE approach  
History & Examination (PGALS)

### SINGLE JOINT

#### Any history of trauma

- X-ray of the joint
- Consider orthopaedic opinion
- If non-ambulatory or mechanism not explaining the injury consider NAI & senior paediatric review

#### Any fevers?

- IV access + Bloods (FBC, film, ESR, CRP, U&E, LFT, blood culture, ASOT)
- Imaging of the joint (X-ray or USS)
  - Senior paediatric review
- Consider orthopaedic review if septic arthritis suspected
- Consider IV antibiotics if septic arthritis suspected as per Wessex or local microbiology guide

#### No fever or trauma

- Imaging of the joint (X-ray or USS)
- Bloods (FBC, film, ESR, CRP, U&E, LFT, ASOT, +Lyme serology/TB if history suggestive of risk)
  - If non-ambulatory or mechanism not explaining the injury consider NAI
  - Consider senior paediatric review
- Discuss with Paediatric rheumatology services in hours on 07824124592/07760158924

### MULTIPLE JOINTS

If well and no evidence of poly trauma, assume inflammatory arthritis  
If unwell/systemic signs, consider malignancy eg ALL

- Discuss with senior paediatrician
- Discuss with Paediatric rheumatology services in hours on 07824124592/07760158924

#### Indications for orthopaedic review

Fever

Raised CRP >20, ESR >40 or WCC elevated neutrophilia

Non-weight bearing in a walking child

Abnormality on X-ray

#### Indications for discharge

No fever

Normal bloods

Normal X-ray

Well child with normal range of movement in the affected joint

Consider follow up review in 2-3 days