



# MANAGING FRACTURES IN CHILDREN WITH OSTEOGENESIS IMPERFECTA: ADVICE FOR SCHOOLS

## It is important that any adult who looks after a child with OI understands the first aid treatment and management of fractures

Fortunately fractures at school are not common but can, and do happen. All suspected or actual fractures should be examined and treated by the child's doctor/hospital or an orthopaedic specialist. This can be organised by the child's parents/carers. If a fracture is suspected at school first aid procedures should be applied and the parent/carer contacted. The ambulance should be called for major injuries and in an emergency.

### Every child with OI should have a health care plan at school which

- ◆ details the student's specific health care needs
- ◆ describes agreed actions to meet these needs
- ◆ lists emergency phone numbers for ambulance, the parent and an emergency contact
- ◆ details an emergency care/response plan
- ◆ identifies the key people and their responsibilities
- ◆ includes a schedule for the administration of prescribed medication

## Types of Fractures

A closed fracture is the most common fracture in children with OI. It is where the skin around the damaged bone is not broken. An open fracture is one where the skin is broken as well as the bone. This is a severe fracture and requires urgent medical attention.

### Signs to look out for:

The school age child should be able to tell you that they have pain and point to a particular site. A child may experience some or all of the following signs following a fracture:

- ◆ Swelling, bruising, tenderness, pins and needles sensation
- ◆ Child may be pale and sweaty
- ◆ Painful to put weight through an arm or leg, e.g. on standing.
- ◆ Pain on movement
- ◆ Child stops moving an arm or leg
- ◆ Child may not always cry

Sprains may also result in some of the signs above

## In the event of an injury:

- ◆ Stay calm. A child will feed off your anxiety and it will make it harder to deal with the situation.
- ◆ As agreed in the child's health care plan, make contact with parents and emergency services as needed.
- ◆ Listen to the child – they usually know if they have fractured anything. Sometimes there is no obvious sign of a fracture, so until proven otherwise the child should be treated as though there is a fracture.
- ◆ Assess child for potential injury. Check for signs of fracture.
- ◆ Keep the child comfortable, don't move them unnecessarily unless they are in danger.
- ◆ If it is an arm, wrist or collar bone that is suspected of being broken, it may be more comfortable if the arm is supported against the body.
- ◆ If it is a suspected leg fracture it is best to keep the child still and comfortable until the ambulance/parents arrive.
- ◆ Have only the necessary amount of people involved.
- ◆ Use distraction to help the child deal with the pain and stay calm.





## FURTHER INFORMATION

For more information please refer to additional BBS information sheets which can be found on our website – [www.brittlebone.org](http://www.brittlebone.org) or contact us using the details below.

### CONTACT INFORMATION

Compiled by the Brittle Bone Society in collaboration with the Paediatric Osteogenesis Imperfecta National Team (POINT) - special thanks go to the Metabolic Bone Teams at Birmingham Children's Hospital, Bristol Royal Hospital for Children, Great Ormond Street Hospital, Sheffield Children's Hospital and Royal Hospital for Sick Children Yorkhill, Glasgow.

*The information in this leaflet is correct as at 31st January 2015 but we cannot guarantee that it will be accurate and current at any given time. This leaflet is not intended in any way to replace the advice of your doctor or other medical professional. Leaflets are available online at [www.brittlebone.org](http://www.brittlebone.org). This information is available in accessible formats on request.*



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*Working with People  
who live with  
Osteogenesis Imperfecta.*