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

One of the main concerns in OI is the increased risk of breaking a bone and the subsequent time spent in pain or with reduced mobility.

The medical term for a broken bone is ‘fracture’, this is not different from a ‘crack’, ‘crush’ or ‘break’ – all of these are known as fractures. Any bone can be susceptible to a fracture, including the individual bones of the spine known as the vertebrae. Bones usually break when unusual stresses and strains are placed on the bone such as a twist or a fall; however fractures may occur from repetitive minor traumas (stress fractures) or from little or no apparent cause.

All suspected or actual fractures should be examined and treated by the child's doctor/hospital or an orthopaedic specialist. If a fracture is suspected then an ambulance should be called and/or the child should be taken to A and E.. If a fracture is suspected at school first aid procedures should be applied and the parent/carer contacted.

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

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
Change in bone shape/alignment
Change in child's normal behaviour
Child may become quiet and withdrawn
Limping

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

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 Children, Glasgow.

The information in this leaflet is correct as at 31st January 2020 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. This information is available in accessible formats on request.