

When Should I Take My Child to the Emergency Room or Urgent Care?



As parents we are sometimes faced with the very difficult decision of what to do if our child has gotten injured playing sports or if they have hurt themselves at school or around the house.

The question that most often enters your mind at that time is “did my son or daughter fracture a bone, or is it ‘just’ a sprain?” Is it worth spending hours in a busy ER or urgent care center only to be told, “It’s not broken, it’s just a sprain and you need to follow-up with a specialist.”

The frustration that arises for many parents is that they just spent three hours or the whole evening in the ER and then is told to see a specialist or their family doctor in the next few days. What often happens next is the receptionist answering the phone at the hears the word “sprain”, decides there is no emergency and your appointment is 10 days later and your son or daughter still is not getting the appropriate treatment.

Part of the job of an ER or urgent care doctor is to “triage” the patient. This means evaluating the patient and then deciding what the follow-up treatment should be rather than make specific treatment guidelines such as physical therapy, further diagnostic testing, or when your child can return to their sport. In the ER, a sprain, strain, or even minor fracture (and rightly so) takes a backseat to a patient having a heart attack or stroke.

Often the doctor in the ER or Urgent Care center sees that there is no obvious fracture giving everyone a false sense of security although a serious soft tissue injury may exist.

Sometimes the treatment in the ER can actually slow down the recovery process. For example, the most common treatment given for a knee injury in the ER when no fracture is present is to put the knee in an immobilizer. This treatment, while initially making the patient comfortable will result in a tremendous amount of stiffness and loss of motion. For each day spent in the immobilizer, it takes about three days of rehab to recover the loss of motion and muscle atrophy. It is also very uncomfortable for a patient to be examined after they have been immobilized for a few days which often means starting therapy and making an extra return appointment just so the knee can be adequately examined.

There are some useful guidelines you can utilize and remember if such a situation arises with your child.

An obvious deformity such as a finger bent the wrong way, a lump in front of the shoulder, a “hump” on top of the wrist, a kneecap sitting on the outside of the knee are some examples of injuries that need immediate attention.

Any suspected fracture of the head, neck, or spine should be immediately taken to the ER, preferably by life squad to insure proper immobilization of the injury.

If an extremity has turned blue or white with or without a deformity, the child needs to be taken to the emergency room immediately as this may indicate a problem with circulation.



A head injury that results in confusion, loss of memory, inappropriate behavior, dizziness, nausea, or vomiting should always be evaluated emergently.

What about when your child turns an ankle, twists their knee, or falls on an outstretched hand and has some swelling, but has no deformity? This is decision can be based how comfortable the child appears as well as the comfort level of the parent. Knowing how your child reacts to pain and injury is also very important in determining what your next step should be. Some young athletes will cry anytime they feel pain while others are very stoic and rarely complain.

If you or your family members are familiar with an orthopaedist, or have been patients at an orthopaedic practice, there is always a doctor on call who can guide you as to whether to take your child to the ER or if can wait to be seen the following morning. Some primary care physicians are very comfortable and experienced with these types of injuries and can be very helpful as well.

If your child has injured an ankle, or knee, and is not extremely uncomfortable, the use of ice for 20 minutes every three hours, ibuprofen 200-400mg every six to eight hours, elevation of the injured extremity, and the use of crutches with minimal weight bearing on the injured extremity can often dramatically decrease the pain. The child can then be evaluated the next morning. If they have a swollen, but not deformed finger the same treatment applies and finger can easily be “buddy taped” to the finger next to it to provide support and pain relief. An injury to the elbow or shoulder can be placed in a sling.

If you have a number of children around the house who are extremely active and involved with a number of sports, it is a good idea to keep some of these basic first aid supplies around the house. Crutches, slings, and simple splints are available at most pharmacies in the area.



When using ice, especially on a young child, it is important to tell them that the ice will feel like it is burning their skin when first applied. After about five minutes, the skin will become much less sensitive and the ice can

dramatically help pain and swelling. If they are still sensitive to the ice a towel can be placed over the skin rather than applying the ice directly. For those more tolerant of ice, an ace wrap can hold the ice in place as well as producing compression that will also help with the swelling. The sooner the swelling is brought under control, the sooner the pain is eased. Elevation and age appropriate dosing of ibuprofen will also help. Tylenol may help with pain, but does absolutely nothing for swelling and inflammation.

One way to make an accurate judgment about the quality and dedication an orthopaedic or sports medicine group truly has toward the athletic patient regardless of age or skill is how promptly that athlete can be treated and evaluated in a state of the art fashion.

The standard of care is that in-season athletes always be seen at most within 48 hours and optimally, within 24 hours from the time of injury.



While a sprained ankle or twisted knee may not be an emergency in the eyes of many, it can be devastating to a young athlete who can't compete.

The philosophy at Beacon Orthopaedics is to evaluate all acute injuries within 24-48 hours. We understand how important it is to you and your child that a thorough, knowledgeable exam and treatment plan are put in place as soon as possible. Please feel free to call our physician on call if you are not sure whether you should take your child to the ER or been seen in our office the following day.

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Beacon Orthopaedics is also the exclusive provider of orthopaedic care to the Cincinnati Reds.

Dr. Stiene is also active in coaching baseball and CYO football. For further information about Beacon Orthopaedic and our locations, please visit our website at www.beaconortho.com.

