

## What happens when my child is discharged from hospital?

An appointment to attend the outpatient clinic will be given to you. An x-ray may be taken at this appointment.

Your child should not go to school until after being seen in the outpatient clinic.

Antibiotics syrup or tablets will be given to take home and to continue for up to a total of six weeks.

Paediatric Community nurse may visit your child at home.

You will be shown how to look after your child's plaster, if they have one.

**You must contact your GP immediately if your child has a high temperature or increased pain in the affected area.**

If you have any questions or concerns, please contact the Paediatric Unit, Shipwreck ward (A8) at Queen Alexandra Hospital

Tel: (023) 9228 3344 or your GP.

## How to comment on your treatment

We aim to provide the best possible service and staff will be happy to answer your questions. However, if you have any concerns you can also contact the Patient Experience Service on 0800 917 6039 or E-mail [portsmouthhospitals.patientexperience@porthosp.nhs.uk](mailto:portsmouthhospitals.patientexperience@porthosp.nhs.uk)

## Consent- What does this mean?

Before any health professional examines or treats you they must have your consent or permission. Consent may be implied (e.g. offering a wrist for taking a pulse) or written (where you sign a form agreeing the treatment/operation). Young people are presumed to be able to give consent depending on their maturity and the nature of the decision.

Where a child is not competent to give consent, only a person (or body) with parental responsibility may consent on the child's behalf. More detailed information is available [www.dh.gov.uk](http://www.dh.gov.uk)

## Information we hold about you and your rights under the Data Protection Act

Please refer to the booklet 'Your Healthcare Information – Your Rights! Our Responsibilities!' for further guidance.

## Other sources of information:

NHS Direct online, [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)  
Helpline: 0845 4647

# Osteomyelitis (infection of the bone)

## Information for parents



Shipwreck Ward  
Queen Alexandra Hospital, Cosham  
Tel: (023) 9228 6391

## Specialist Support

If you require this leaflet in another language, large print or another format, please contact the Health Information Centre Tel: (023) 9228 6757, who will advise you.



This leaflet has been provided to answer some of the question you may have about **Osteomyelitis**.

### **What is osteomyelitis?**

It is a serious infection which may involve any part of the bone and needs prompt treatment with antibiotics.

### **What causes osteomyelitis?**

It can occur when bacteria (germs) is spread from an existing infection, boils or a nose or throat infection. It can also be acquired from an injury such as a penetrating wound.

### **What are the symptoms?**

The onset is usually sudden and there may have been injuries to the area in the past - a severe knock for example.

Your child might complain of pain the affected area, especially when they move it. They may not be able to straighten their arm or leg, keeping it bent and resisting their limbs being straightened.

Your child may be irritable and will feel generally unwell as the infection develops.

### **What tests might be needed?**

The following tests will be used to confirm diagnosis.

#### ***Blood Tests***

A white cream or cold spray is used to numb the skin to reduce discomfort before any blood is taken. The blood tests will help show if there is any infection that needs to be treated.

#### ***X-Ray***

An x-ray is taken to make sure that your child's pain is not being caused by broken bones. However, an x-ray alone may not be sufficient and so a bone scan may also be arranged.

#### ***Bone Scan***

This investigation is routine in helping to diagnose osteomyelitis. Dye is injected into a vein in your child's arm, and then special x-rays are taken. These will show whether there is an infection in the bone.

### **What would happen if left untreated?**

If the condition is left untreated, then an abscess (ball of pus) may develop in the area. Blood infection (septicaemia) may develop which can cause serious illness.

Persistent infection of the bone ('chronic osteomyelitis') sometimes develops which can be difficult to clear.

If the infection is treated promptly, then there is a good chance of a complete cure.

### **What is the treatment for osteomyelitis?**

There are several treatments.

Antibiotics will be given into a vein through a cannula (tube). The antibiotics may sting when being given and may cause redness. If this happens, the cannula may need to be replaced. The decision on how long our child needs to have antibiotics by this method depends on where the infection is and how well your child responds to the treatment. They may need up to two weeks of antibiotics.

When your child's temperature is back to normal they generally feel better. Their blood results will show that the antibiotics are working. The doctor may decide that they can have their antibiotics in syrup or tablet form for up to a total of six weeks.

As long as the symptoms do not return, your child can go 24 hours after starting antibiotic syrup or tablets.

Plaster of Paris may be put on the affected area so that it can be rested.

Bed rest may be needed for your child. There are plenty of toys and games on the ward to stop boredom.

Skin traction may be applied to rest the affected area. It will also help to reduce pain and stiffness.

Painkillers will be given regularly.

### **Observations**

Your child's temperature and pulse will be taken regularly. Medicine will be given as necessary to reduce your child's temperature.

### **Surgery**

An operation is sometimes needed. A small cut is made over the affected area and the infection drained away. If surgery is required then the staff will discuss this with you.