# Management of ‘pulled elbow’ from triage

**Staff relevant to:** ED medical and nursing staff  
**ED senior team approval date:** Oct 2008  
**Version:** 9  
**Revision due:** October 2019  
**Written by:**  
- Ffion Davies  
- Rebecca Hayles  
- Martin Wiese
Mechanism of injury

- The commonest mechanism is axial traction
- Children throw themselves to the ground while their hands are held
- Swinging a child between two people i.e. a jerk while holding hands

Presentation

- Children appear to be happy and playing, but hold their affected arm in pronation and slight flexion
- Arm held limply at their sides
- Favour their other hand in play
- Usually aged 1 – 3 years

Comment

The correct medical term for ‘pulled elbow’ is ‘radial head subluxation’ (RHS).

It is NOT an elbow dislocation – please correct parents if they call it that.

Reduction technique

- Fix elbow with one hand
- With the other, gently grasp the hand and turn it further (so that thumb is pointing downwards) until you feel a click
- If no click is felt, turn the hand the other way while flexing the elbow until click

Child presents to PED triage with ‘elbow problem’

Could this be a ‘pulled elbow’?

Read the grey hint box on the left. Further information on next page.

Mechanism, presentation and age all typical?

- Triage nurse to attempt reduction (ask colleague or doctor to show you if you are not yet competent)
- Warn parent / carer that child may well cry initially after reduction but that the manoeuvre will actually cause only very brief discomfort
- No more than 2 attempts
- Click should be felt

Click felt?

- Triage nurse to ask doctor or ENP to attempt reduction

Click felt?

- Record pain score
- Give appropriate analgesia
- Send for radiographs if less than full ROM or swelling

- Ask parents to take child to waiting room to encourage patient to play and start using arm again
- Review patient in 15 minutes

Full use of arm and comfortable?

- Ask for senior doctor review
- Home with advice leaflet
- To be seen by doctor or ENP in time order
Radial head subluxation – further information

History

Before undertaking a physical examination, a thorough patient history including mechanism of injury should be taken. This is of paramount importance if injuries other than pulled elbow, such as fractures and non-accidental injuries, are to be excluded.

Usually, the child is aged 1 – 3 years and will be brought in with a history of the arm having being pulled – either deliberately (e.g. during swinging games) or accidentally (they were grabbed to stop them running, or they dropped themselves to the ground for fun or in a tantrum). A pulled elbow can actually occur very easily without excessive force.

Sometimes, parents or carers simply report that children were found crying and unable to move their arm. It should be noted that parents and carers often feel responsible for the children's injuries. [1] So bear in mind that it can take a while for the right story to emerge, and that this may require a direct question.

Pain

Young children may find it difficult to verbalise their pain score, which can complicate the assessment process. Therefore it is important that other indicators are taken into consideration, such as facial expressions, behaviour and guarding of limbs.

The injury explained

In ‘pulled elbow’, the annular ligament around the radial head is dislodged when the arm is pulled (middle), partially dislocating into the radiocapitellar joint when the arm is released (right).

Reduction

The ‘forced pronation’ technique has been shown to be the most successful and painless technique. [2,3] This can be followed immediately by the classic flexion/ supination manoeuvre if necessary.

References