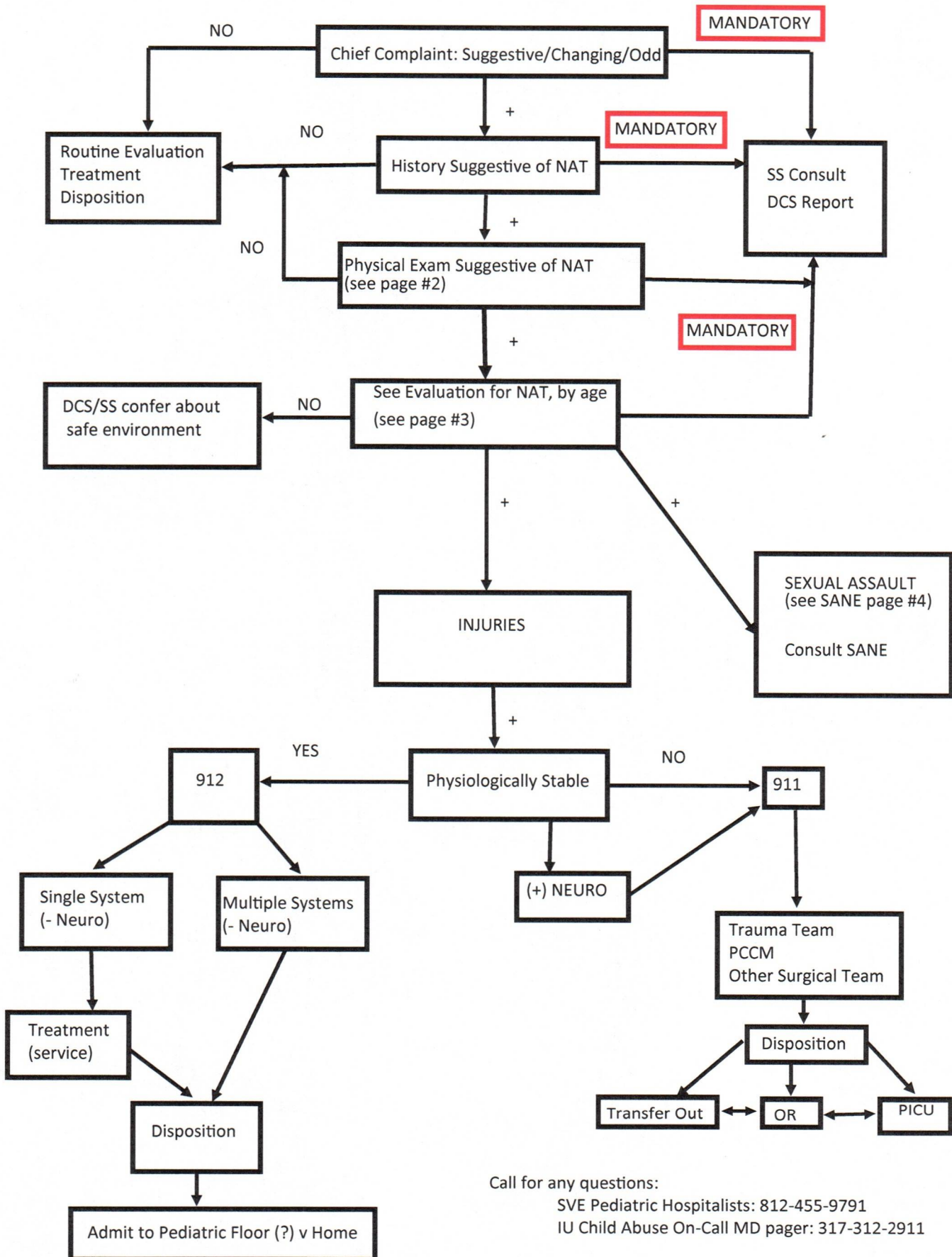


NON-ACCIDENTAL TRAUMA PATHWAY



Call for any questions:

SVE Pediatric Hospitalists: 812-455-9791

IU Child Abuse On-Call MD pager: 317-312-2911

Child Abuse Pediatrics Team recommendations for suspected physical abuse/burns or sexual assault

<ul style="list-style-type: none"> • Neuroimaging • Skeletal survey** ** And consider F/U skeletal survey in 10-14 days (CPT can assist with this) <p>Also consider:</p> <ul style="list-style-type: none"> - Labs* (CBC, CMP, lipase, urine for occult blood, urine drug screen) - Abdominal Imaging, CT of abd/pelvis - Ophthalmology consult - Social work consult ★ SANE* consult *Sexual Assault Nurse Examiner <p style="text-align: center;">0-12 months</p>	<ul style="list-style-type: none"> • Skeletal survey** ** And consider F/U skeletal survey in 10-14 days (CPT can assist with this) <p>Also consider:</p> <ul style="list-style-type: none"> • Neuroimaging - Labs* (CBC, CMP, lipase, urine for occult blood, urine drug screen) - Abdominal Imaging, CT of abd/pelvis - Ophthalmology consult - Social work consult ★ SANE* consult *Sexual Assault Nurse Examiner <p style="text-align: center;">1-2 years</p>
<p>Consider:</p> <ul style="list-style-type: none"> • Neuroimaging - Labs* (CBC, CMP, lipase, urine for occult blood, urine drug screen) • Skeletal survey (if extensive trauma, developmental delays, burns) - Abdominal Imaging, CT of abd/pelvis - Ophthalmology consult - Social work consult ★ SANE* consult *Sexual Assault Nurse Examiner <p style="text-align: center;">2-5 years</p>	<p>Consider:</p> <ul style="list-style-type: none"> • Neuroimaging - Labs* (CBC, CMP, lipase, urine for occult blood, urine drug screen) - Abdominal Imaging, CT of abd/pelvis - Social work consult ★ SANE* consult *Sexual Assault Nurse Examiner <p style="text-align: center;">5 years and older</p>

Consider exams of siblings/other children living in the home, as they are at increased risk of child abuse.

*Clinical Indicators

- Neuroimaging - Indicated for bruising to the face or head, altered mental status, other neurologic symptoms, rib fractures in a child less than 24 months, or suspected abuse in a child less than 12 months
- Labs - non-patterned bruising or ICH: add PT/PTT; CPK (if bruising extensive)
- Abdominal imaging - If AST, ALT or lipase are elevated, occult blood present in urine, abdominal bruising/tenderness, gastrointestinal symptoms and/or CT scan per trauma protocol. If genital bruising found on exam, obtain abdominal imaging (CT of abdomen and pelvis).
- Ophthalmology- positive neuroimaging and/or altered mental status
- Social work consult- suspected abuse/neglect, ingestions, DCS involvement
- ★ SANE consult - evidence collection, suspected sexual abuse/assault

Child Abuse Pediatrics Team recommendations for suspected physical abuse/burns or sexual assault

Always screen:



- Head injury (unwitnessed, poorly explained)
- Oropharyngeal/frenula injury (non-ambulatory)
- Rib fracture
- Abdominal injury (non-motor vehicle collision)
- Long bone fracture (non-ambulatory)
- Metaphyseal fracture

Patterned skin injuries and unusual locations of accidental injury

TEN-4 FACES

- T**ORSO (trunk: chest, abdomen, back, buttocks, GU)
- E**ARS
- N**ECK
- 4** Bruising ANYWHERE on any age INFANT, especially 4 months and under (pre-cruisers) OR any child age 4 years and under in the TEN region
- F**RENULUM (upper/lower lip & under tongue)
- A**ngle of jaw/auricular areas
- C**HEEK
- E**YELIDS (bruising/"black eye")
- S**CLERAL hemorrhage (subconjunctival)

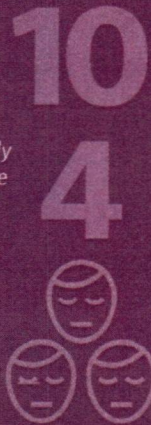


Photo-document all physical findings

Chief complaint

- Vomiting
 - Fussiness
 - Unresponsiveness or BRUE
 - (brief resolved unexplained event)
 - Fell off bed/couch*
- Most common histories provided are a low height fall (< 4-6 ft) and no specific history of trauma*



Psychosocial assessment

- Social service involvement
- Law enforcement involvement
- Domestic/intimate partner violence
- Substance abuse
- Mental health issues

History

- Injury not consistent with child's age, developmental abilities
- Vague history, or one that changes with time, caregivers, or repetition
- Delay in seeking medical care
- History provided does not explain injury

Examination

- Full or bulging fontanel in an infant
- Rapidly increasing head circumference
- ANY bruising in a pre-mobile infant
- Bruising in a child of any age in the TEN or FACES distribution
- Patterned injury
- Failure to thrive or weight loss

Sexual assault/molestation

- Most important history is the disclosure from the child
- Most (95-99%) anogenital exams will be completely normal

Timing for an acute case:

- Pre-pubertal child: within 120 hours (or genital bleeding, injury, or suspected human trafficking)
- Adolescent: if vaginal penetration with penis, within 120 hours (or if oral, digital, or anal, within 72 hours)
- Examinations can be done by a SANE (Sexual Assault Nurse Examiner) at PMCH 24 hrs/day
- Contact the Center of Hope at St. Vincent (available 24 hours): 317-338-1956



SANE algorithm Pediatrics (under 14)

