Suspected Physical Abuse Pathway

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGEMENT

See Injuries Suspicious for Abuse

History:

If you suspect abuse, contact attending to discuss case prior to obtaining detailed history.

- Separate >3 yo and caregiver, if possible
- Use What happened? and Tell me more about that.
- Document key history statements word for word with quotations

Full Exam Should Include:

- Developmental stage / neuro exam
- Total oral cavity, including frenula
- Skin exam in good light (include scalp, ears, behind ears, mid-axillary lines, all skin folds)
- Anus and genitalia (with labial traction for girls) with chaperone
- Palpate skeleton for defects and calluses

Documentation Tips

- Sensitive photos - Obtain via Photo Documentation Policy
- Non-sensitive photos - May obtain via Epic Haiku and/or Canto

Initial Management:

Labs:
- CMP, Lipase

Imaging:
- Skeletal survey if <2 years of age (Consider up to 3 years if exam not reliable)
- Non-contrast Head CT (with 3D recon if):
  - Abnormal neurological exam OR
  - <6 months old OR
  - <1 year old with head/facial injuries OR rib fx OR multiple fxs OR witnessed shaking

Consultations:
- Social work
- Contact the County CPS where it occurred
- Verify police have been informed (See Tips)

Burns

Burn Care as Indicated:
- IVF
- Pain Control
- Tetanus
- Wound Care
- Trauma C/S
- Burn Center Tx if indicated

Fractures

Labs:
- Ca, PO4, Mg, iCal
- 25-OH Vitamin D
- Intact PTH, Alk phos

Consultations as appropriate:
- Orthopedics
- Neurosurgery

Bruises or Bleeding

CBC w diff, PT/PTT

Consider

Drug Endangered

Labs:
- Urine tox screen
- Consider ethanol, acetaminophen, ASA lvl
- Test for specific substances, as needed

Consultations as appropriate:
- Toxicology (1-800-222-1222)

Transaminases >80 OR Abdom. Trauma?

Consult:
- Trauma if not already done

Labs:
- Amylase, lipase

Imaging:
- CT of abdomen and pelvis with IV contrast

Intercranial Injury

Consult:
* Trauma
* Neurosurgery
  - Confirm acceptable timing of dilated eye exam
* Ophthalmology
  - For dilated retinal exam within 24 hours of admission

Imaging:
- Consider non-contrast MRI of brain and cervical spine

Intracranial hemorrhage?

Labs:
- Verify newborn screening is normal
- Fibrinogen
- Thrombin time
- vW factor Ag
- vW factor activity
- Factors 8, 9, 11, 13

ED Discharge Criteria:
- No identified injury requiring admission
- Safety plan in place, per CPS
- Follow-up plan in place

Inpatient Admission Criteria:
- Suspected physical abuse in patient <1 yr old
- Injury requires admission
- CPS unable to arrange immediate safety plan

Inpatient Discharge Criteria:
- Family understands patient care needs
- PCP updated and follow up plans arranged
- Post-discharge safety plan per CPS
- Order F/U skeletal survey 2 wks after D/C

Injuries Suspicious for Abuse

Exam	Injuries with moderate or high specificity for abuse	Injuries with low specificity for abuse
Skeleton	<u>Fractures with high specificity for abuse especially in infants</u>: • Metaphyseal • Rib • Scapular • Spinous process • Sternum <u>Fractures with moderate specificity for abuse:</u> • Multiple (especially bilateral) • Different ages • Epiphyseal separations • Vertebral body fractures and subluxations • Digital fractures • Complex skull fractures • Extremity fracture in infants < 12 mo (excluding exceptions to right).	Long bone shaft fractures in children > 12 m.o Specific long bone shaft fractures in ambulating infants > 9 m.o. • Distal buckle fracture of radius/ulna • Distal buckle fracture of tibia/fibula • Toddler's fracture Clavicular fractures in: • Newborns • Ambulatory Medicine Subperiosteal new bone formation
Head	Subdural hematoma with or without skull fracture Unexplained intracranial injury Subgaleal hematoma due to hair pulling Note: Infants with intracranial injury frequently have no or non-specific symptoms	Isolated linear skull fracture with plausible mechanism in well-appearing infant > 6 months
Eye	Retinal hemorrhage Subconjunctival hemorrhage in infants (not birth injury)	
Facial Injury	Unexplained torn frenulum in non-ambulatory child Unexplained oral injury Unexplained ear injury Unexplained facial bruising in non-ambulatory child	
Bruising	Bruises in infants < 6 months of age or non-ambulatory infants Bruising in unusual locations in any age child TEN-4 Bruising Clinical Decision Rule: If below criteria are met, have a clinical concern for abuse Bruising present in TEN region (torso, ears, neck) < 4 years of age or Bruising present in any region < 4 months of age And No confirmed accident in a public setting that accounts for bruising in TEN region Patterned bruises Loop marks Handprint Imprint of an object	
Bite Marks	Semi-circular/oval patch May have associated bruising Concern for adult bite	
Burns	Patterned contact burns with insufficient mechanism Cigarette burn Stocking, glove pattern Mirror image burns of the extremities Symmetric burns on buttocks Immersion burn Multiple burn sites	

References:
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