

# ED Physical Abuse Guideline

When to consider physical abuse or non-accidental trauma:

Pre-Ambulatory <sup>1</sup>	Ambulatory <sup>10</sup>
<p><b>ANY</b> injury, including the following:</p> <ul style="list-style-type: none"> <li>• Bruise<sup>2</sup></li> <li>• Burn or laceration<sup>3</sup></li> <li>• Mouth injury (i.e. frenulum tear, lip laceration)<sup>4</sup></li> <li>• Eye injury (i.e. subconjunctival hemorrhage)<sup>5</sup></li> <li>• Intracranial injury<sup>6</sup></li> <li>• Abdominal injury<sup>7</sup></li> <li>• Genital injury<sup>8</sup></li> <li>• Fracture<sup>9</sup></li> </ul>	<p style="text-align: center;"><b>Reported History</b></p>
	<ul style="list-style-type: none"> <li>• Trauma history that is not consistent with child’s developmental capabilities<sup>15</sup></li> <li>• Important details significantly change or differ between caregivers<sup>15</sup></li> <li>• Unexplained delay in obtaining medical care<sup>16</sup></li> </ul>
	<p style="text-align: center;"><b>Injury Characteristics</b></p>
	<ul style="list-style-type: none"> <li>• Injury that is not explained by a trauma history /medical condition<sup>15</sup></li> <li>• Multiple injuries in different stages of healing</li> <li>• Patterned injuries (including adult-appearing bite marks)<sup>13</sup></li> </ul>
	<p style="text-align: center;"><b>Bruising Locations</b></p>
<ul style="list-style-type: none"> <li>• Not on bony prominences<sup>11,12</sup></li> <li>• Concerning locations (i.e. torso, ears, neck, face, buttock, thigh, upper arm, genitals)<sup>11,12</sup></li> </ul>	
<p style="text-align: center;"><b>Special Considerations with Fractures</b></p>	
<ul style="list-style-type: none"> <li>• Any fracture in patient &lt;12 months of age<sup>9,14</sup></li> <li>• Multiple fractures</li> <li>• Presence of healing/old fractures</li> <li>• Classic metaphyseal lesions (CML)<sup>17</sup></li> <li>• Rib, scapular, spinous process, sternal, or vertebral body fractures<sup>17</sup></li> </ul>	
<p><b>NOTE:</b> No requirement for physical abuse work-up in the following cases (unless other concerns):</p> <ul style="list-style-type: none"> <li>• Injury was observed by an <b>impartial</b> witness in a public location</li> <li>• Subconjunctival hemorrhage &lt;2 weeks of age</li> <li>• Confirmed birth-related injury, motor vehicle accident, animal bite, hair tourniquet, corneal abrasion, or surgical wound</li> </ul>	

If you are concerned AT ALL for physical abuse or non-accidental trauma, please use this guideline and ED order set: “ED-Rule out physical abuse” to guide workup.

≤ 6 months of age	> 6 to 12 months of age	Age > 12-24 months
<ul style="list-style-type: none"> <li>• <b>Social Work consult</b></li> <li>• <b>Full skin/oral exam</b></li> <li>• <b>Skeletal Survey</b><sup>18-22</sup></li> <li>• <b>Head CT w/o Contrast</b><sup>23-24</sup> <ul style="list-style-type: none"> <li>○ Ophthalmology Examination only if ICH and/or if there is concern for ocular injury</li> </ul> </li> <li>• <b>AST, ALT, lipase</b><sup>25-26</sup> <ul style="list-style-type: none"> <li>○ Abdominal CT if AST or ALT ≥ 80<sup>27</sup></li> </ul> </li> <li>• <b>CBC, PT, PTT</b> if bruising and / or ICH<sup>28-29</sup></li> <li>• Add <b>Factor 9 Quant and von Willebrand Profile</b> if bruising present (not needed if obvious bruising pattern like loop mark, not needed for ICH alone)<sup>28-29</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Social Work consult</b></li> <li>• <b>Full skin/oral exam</b></li> <li>• <b>Skeletal survey</b><sup>19-22</sup></li> <li>• <b>AST, ALT, lipase</b><sup>25-26</sup> <ul style="list-style-type: none"> <li>○ Abdominal CT if AST or ALT ≥ 80<sup>27</sup></li> </ul> </li> <li>• Strongly consider <b>Head CT</b> (should be obtained if facial bruising, abnormal neurological examination, or other clinical concern)<sup>23-24</sup></li> <li>• <b>CBC, PT, PTT</b> if bruising and/or ICH<sup>28-29</sup></li> <li>• Add <b>Factor 9 Quant and von Willebrand Profile</b> if bruising present (not needed if obvious bruising pattern like loop mark, not needed for ICH alone)<sup>28-29</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Social Work consult</b></li> <li>• <b>Full skin/oral exam</b></li> <li>• <b>Skeletal survey</b> if &lt;24 months<sup>20-22</sup></li> <li>• <i>Strongly consider</i> skeletal survey for 24-36 months if severely injured</li> <li>• <b>AST, ALT, lipase</b> for 12-24 months <ul style="list-style-type: none"> <li>○ Abdominal CT if AST or ALT ≥ 80<sup>27</sup></li> </ul> </li> <li>• <i>Strongly consider</i> <b>AST, ALT, lipase</b> for 24-36 months<sup>25-26</sup> <ul style="list-style-type: none"> <li>○ Abdominal CT if AST or ALT ≥ 80<sup>27</sup></li> </ul> </li> <li>• <b>Head CT</b> if abnormal neurological examination or other clinical concern</li> <li>• <b>CBC, PT, PTT</b> if bruising and /or ICH<sup>28-29</sup></li> <li>• Add <b>Factor 9 Quant and von Willebrand Profile</b> if bruising present (not needed if obvious bruising pattern like loop mark, not needed for ICH alone)<sup>28-29</sup></li> </ul>
<p><b>Note:</b> For siblings or children also in contact with the index child, please discuss recommendations for these children with Mayerson on-call physician.</p>		

This guideline is intended as a guide for non-accidental trauma and physical abuse work-up in order to prevent further injuries and possibly death. For specific cases or questions, please contact the Mayerson on-call physician or on-call Social Worker (pager: 513-736-4410)

### DISCUSSING THE PHYSICAL ABUSE WORK-UP WITH THE FAMILY – EXAMPLE SCRIPT

“Any time a child of this age comes to the hospital with [this injury/these injuries], we evaluate for other injuries. Sometimes a child can have internal injuries, such as fractures, head injury, or abdominal injury that we cannot see on the outside. Just like you, we want to make sure that your child is okay, so it is important that we do this testing. These tests include \_\_\_\_\_. We will also have our Social Worker come talk with you. This is a standard part of our evaluation. We are happy to answer any questions or concerns along the way.”

## REFERENCES

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