ED Physical Abuse Guideline

When to consider physical abuse or non-accidental trauma:

Pre-Ambulatory ¹	Ambulatory ¹⁰
 ANY injury, including the following: Bruise² Burn or laceration³ Mouth injury (i.e. frenulum tear, lip laceration)⁴ Eye injury (i.e. subconjunctival hemorrhage)⁵ Intracranial injury⁶ Abdominal injury⁷ Genital injury⁸ Fracture⁹ 	Reported History
	 Trauma history that is not consistent with child's developmental capabilities¹⁵ Important details significantly change or differ between caregivers¹⁵ Unexplained delay in obtaining medical care¹⁶
	Injury Characteristics
	 Injury that is not explained by a trauma history /medical condition¹⁵ Multiple injuries in different stages of healing Patterned injuries (including adult-appearing bite marks)¹³
	Bruising Locations
	 Not on bony prominences^{11,12} Concerning locations (i.e. torso, ears, neck, face, buttock, thigh, upper arm, genitals)^{11,12}
	Special Considerations with Fractures
	 Any fracture in patient <12 months of age^{9,14} Multiple fractures Presence of healing/old fractures Classic metaphyseal lesions (CML)¹⁷ Rib, scapular, spinous process, sternal, or vertebral body fractures¹⁷

• Confirmed birth-related injury, motor vehicle accident, animal bite, hair tourniquet, corneal abrasion, or surgical wound

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)

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.^A

≤ 6 months of age	> 6 to 12 months of age	Age > 12-24 months [®]
 Social Work consult Full skin/oral exam Skeletal Survey¹⁸⁻²² Head CT w/o Contrast ²³⁻²⁴ Ophthalmology Examination only if ICH and/or if there is concern for ocular injury AST, ALT, lipase²⁵⁻²⁶ Abdominal CT if AST or ALT ≥ 80²⁷ CBC, PT, PTT if bruising and / or ICH²⁸⁻²⁹ If non-patterned bruising without other injuries (fx, ICH, etc.) add Factor 9 Quant and von Willebrand Profile. ²⁸⁻²⁹ 	 Social Work consult Full skin/oral exam Skeletal survey¹⁹⁻²² AST, ALT, lipase²⁵⁻²⁶ Abdominal CT if AST or ALT ≥ 80²⁷ Strongly consider Head CT (should be obtained if facial bruising, abnormal neurological examination, or other clinical concern)²³⁻²⁴ CBC, PT, PTT if bruising and/or ICH²⁸⁻²⁹ If non-patterned bruising without other injuries (fx, ICH, etc.) add Factor 9 Quant and von Willebrand Profile.²⁸⁻²⁹ 	 Social Work consult Full skin/oral exam Skeletal survey if <24 months²⁰⁻²² Strongly consider skeletal survey for 24-3 months if severely injured AST, ALT, lipase for 12-24 months Abdominal CT if AST or ALT ≥ 80²⁷ Strongly consider AST, ALT, lipase for 24-3 36 months ²⁵⁻²⁶ Abdominal CT if AST or ALT ≥ 80²⁷ Head CT if abnormal neurological examination or other clinical concern CBC, PT, PTT if bruising and /or ICH²⁸⁻²⁹ If non-patterned bruising without other injuries (fx, ICH, etc.) add Factor 9 Quant and von Willebrand Profile.²⁸⁻²⁹

A: For siblings or children also in contact with the index child, please discuss recommendations for these children with Mayerson on-call physician. *B:* This pathway applies to children under 36 months old. For older children, consult SW for all abuse concerns, and use clinical judgement to guide testing.

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."

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