

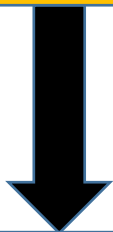
Pathway to Promote Collaboration and to Create a Safety Net for Children with Injuries

All injured children presenting for a medical evaluation should have a medical, developmental and social evaluation



Obtain Patient History

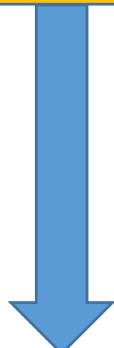
- Assess for any red flags
- Perform gross motor developmental assessment



Complete physical examination
Document injuries, written and with photos



Review Situation - Grid



Mandated Reporting
Wisconsin law (48.981(2)) requires that any mandated reporter who has reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected, or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur, make a report to county CPS or law enforcement

Concern for Abuse? CONSULT CHILD ADVOCACY
Call 414 266-2090 or 800 266-0366 (24/7)
May refer to Fox Valley Child Advocacy Center:
920 969-7930 (Monday – Friday 8am-430pm)

RED FLAGS:

- Vague or unexplained injury
- Details of the explanation changes dramatically
- Different witnesses provide different explanations
- Explanation is inconsistent with child's developmental ability
- Injury occurred due to inadequate supervision
- Reported history of abuse
- Sibling or household contact with suspected abuse
- Any history or current sentinel injury
- TEN-4 FACESp

Sentinel injuries are any bruise, sub-conjunctival hemorrhage, or mouth injury before a child starts to cruise *Excluded = Birth injuries and injuries sustained in a public high energy event such as car crash or multi-story fall

Modified TEN-4 FACESp is a Bruising Clinical Decision Rule to identify higher risk injuries that could be non-accidental:

- Bruising in the following locations in children who can cruise/walk and are < 4-years-old: **T**runk, **E**ars, **N**eck, **A**ngle of jaw, **C**heek (padded part), **E**yelids
- **F**renulum or mouth injury in pre-cruising infant,
- **S**ub-conjunctival hemorrhage in a child < 2 y/o, and
- **P**atterned injury (in any age child)

Abdominal trauma labs: AST, ALT, Amylase, Lipase
Bleeding labs for cutaneous injury: CBC with diff, PT, PTT, von Willebrand Ag & Antibody, Factor 8 & 9
Bleeding labs for intracranial hemorrhage: above bleeding studies and INR, TT, fibrinogen and D-dimer
Bone labs: Magnesium, Calcium, intact PTH, Phosphorus, Alkaline Phosphatase, 25 OH vitamin D



Situations and injuries requiring consideration for abuse				
Situations: All ages- child disclosure of abuse to a provider, CPS actively involved for new concern, suspected/witnessed abuse, child brought in due to a domestic violence incident				
Injuries	0-6 Months	7-11 Months	12-24 Months	25-48 Months
Eye	Sub-conjunctival Hemorrhage (SCH) in pre-cruising infant (sentinel injury)		SCH in cruising child without clear history	
Mouth	Mouth or frenulum injury pre-cruising infant (sentinel injury)			
Skin	Any bruise in a pre-cruising infant (sentinel injury)		Modified TEN-4 FACESp in ambulatory children < 48 months	
Burns	Unexplained burns			
	Burns in the shape of a heated object			
	Immersion burns			
	Burns of the perineum/buttocks, lower extremities and dorsal hands			
Fractures	Any fracture <i>except</i> simple linear parietal skull fracture with consistent history		<ul style="list-style-type: none"> Fractures that are considered highly specific for abuse: <ul style="list-style-type: none"> * Rib fractures, especially posterior * Scapular fractures * Spinous process fractures * Sternal fractures * multiple fractures Any fracture in a cruising child that is unexplained or unexpected given the trauma history 	
	Classic Metaphyseal Lesions (CML= bucket-handle, corner) in children less than 12 months			

Guidelines for injury surveillance	
Age	Recommended
< 6 months	Head circumference CT 3D Head without contrast (consider interpretation by Children's Neuroradiology) Skeletal survey with repeat 3 weeks (consider interpretation by Children's Radiology) Abdominal trauma labs Urine drug investigation
> 6 months to <2 years	Head circumference Skeletal survey with repeat in 3 weeks (consider interpretation by Children's Radiology) Abdominal trauma labs Urine drug investigation
> 2 years to < 4 years	Abdominal trauma labs Urine drug investigation

Guidelines for further testing if injuries are present	
Injury	Recommendations
Bruising or hemorrhage	Bleeding studies and note any bruising on knees/shins in ambulatory child
Fractures	Bone studies
Intracranial injury	Neurosurgery consult Ophthalmology consult
AST and/or ALT >80	CT abdomen/pelvis w contrast Trauma consult

References: Pierce MC et al 2021 JAMA and Sheets LK, et al. 2013 Pediatric Christian CW, Committee on Child Abuse and Neglect, The Evaluation of Suspected Child Physical Abuse, *Pediatr* 2015; 135(5); e1337-e1354

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