

# Initial Evaluation of Injured Patient for Potential Child Abuse

## ACTION KEY

R=Recommended O=Option

FINDING	Skeletal Survey	Head CT	Lab	KCPC Consult
<b>History</b>				
Inconsistent History: extent c/w history? injury c/w time sequence?	R			O
Delay seeking care	R			O
Developmentally unlikely	R			O
Concerning parental behavior	R			O
Previous CPS history	R		1	R
No explanation for injuries; unobserved trauma	R		2	R
Evidence of injury with seizure and/or AMS	R	R	3	R
Brought in by police for CPS custody screen				R
<b>Physical Exam</b>				
“Bruising without cruising”	R		4	O
Bruising: ears, face, buttocks, abdomen	R		4a	R
Patterned bruise: loops, bites, slaps, knuckles, buckles	R			R
Non-splash burns: linear, iron, immersion, cigarette lighter	R			R
Oral injury (i.e. Frenulum tear) in <1 year old	R			R
Multiple injuries, especially different age of injury	R			R
<b>Radiographic findings</b>				
Any fracture < 1 year old Especially non-ambulatory patient or rib fractures or buckle fracture	R			
Any skull fracture other than single linear non depressed without verifiable source	R	R		R & Ophthalmology
Multiple fractures (with unexplained/unobserved history)	R	R	5	
CT scan with intracranial hemorrhage in child less 1 year old	R	n/a		R & Ophthalmology

### Initial Labs:

- \*1 hematocrit
- \*2 CBC
- \*3 CBC, lytes, glucose, BUN, Cr, Ca, P
- \*4 CBC w platelets, PT, PTT
- \*4a- LFTs
- \*5 CBC w platelets, lytes, Ca, P, alk ptase, vit D, COI 1

Further lab studies may be recommended following consult with Child Protection Center physician

**Note: This guideline is designed to provide recommendations and options.**

**These clinical recommendations do not indicate an exclusive set of actions. Management decisions should be based on individual circumstances and with the safety interest of the child of the utmost importance.**

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All medical personnel are mandated reporters. Call --- or 911  
For on-call Child Protection Center physician call