

Summary of features associated with Child Abuse identified during the initial trauma evaluation



Historical factors

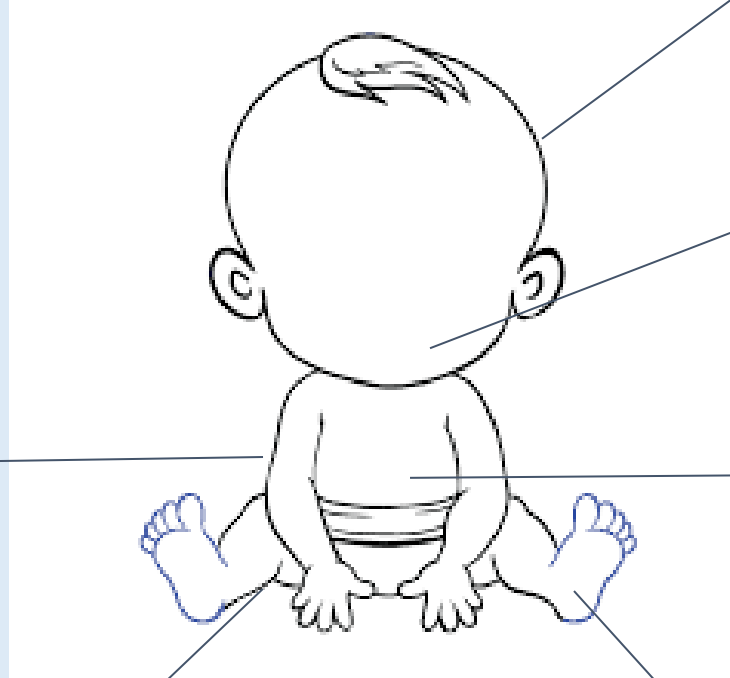
- Children who present with a change in behavior, + skeletal injuries, subdural hemorrhage with suspicious history
- injury inconsistent with history
- delay in seeking care

Bruising

- TEN-4 bruising (Bruising in children <4 years on trunk, ears, neck) 97% sensitive, 84% specific for child abuse
- "When you don't bruise, you don't bruise."

Burns

- Up to 25% children admitted to burn centers have been abused
- Most intentional burn injury is from scalds to buttocks, perineum, bilateral lower limbs, feet, unilateral limbs, multiple contact burns, or clearly demarcated edges
- Any burn in age < 5



Intracranial Injury

- PEDIBIRN clinical prediction rule, 96% sensitive, 43% specific for AHT 1+ feature in child <3 years
- PredAHT clinical prediction rule, 72% sensitive, 86% specific for AHT 3+ features in child < 3 years

Oral Injury

- Frenulum injury + non-ambulating child concerning for child abuse
- Lip injury is extremely common in accidental trauma and does not justify a child abuse workup

Abdominal Injury

- Hollow viscus injury, particularly duodenal injury, in children <4 year., combined hollow viscus + solid organ injury
- intra-abdominal injury may be found without bruising but in the presence of elevated LFTs

Skeletal Injury

- Fracture patterns inconsistent with degree of mobility and child age
- Skeletal survey to screen for occult fractures is indicated for any child <2 years with suspected abuse