Guideline

1.0 SCOPE

1.1. Any CCHMC employee who provides care to a Trauma Services Patient.
1.2. This guideline is intended for use in the Emergency Department and the inpatient Trauma Service. It may also apply to any patient at CCHMC regardless of physical location and primary team.

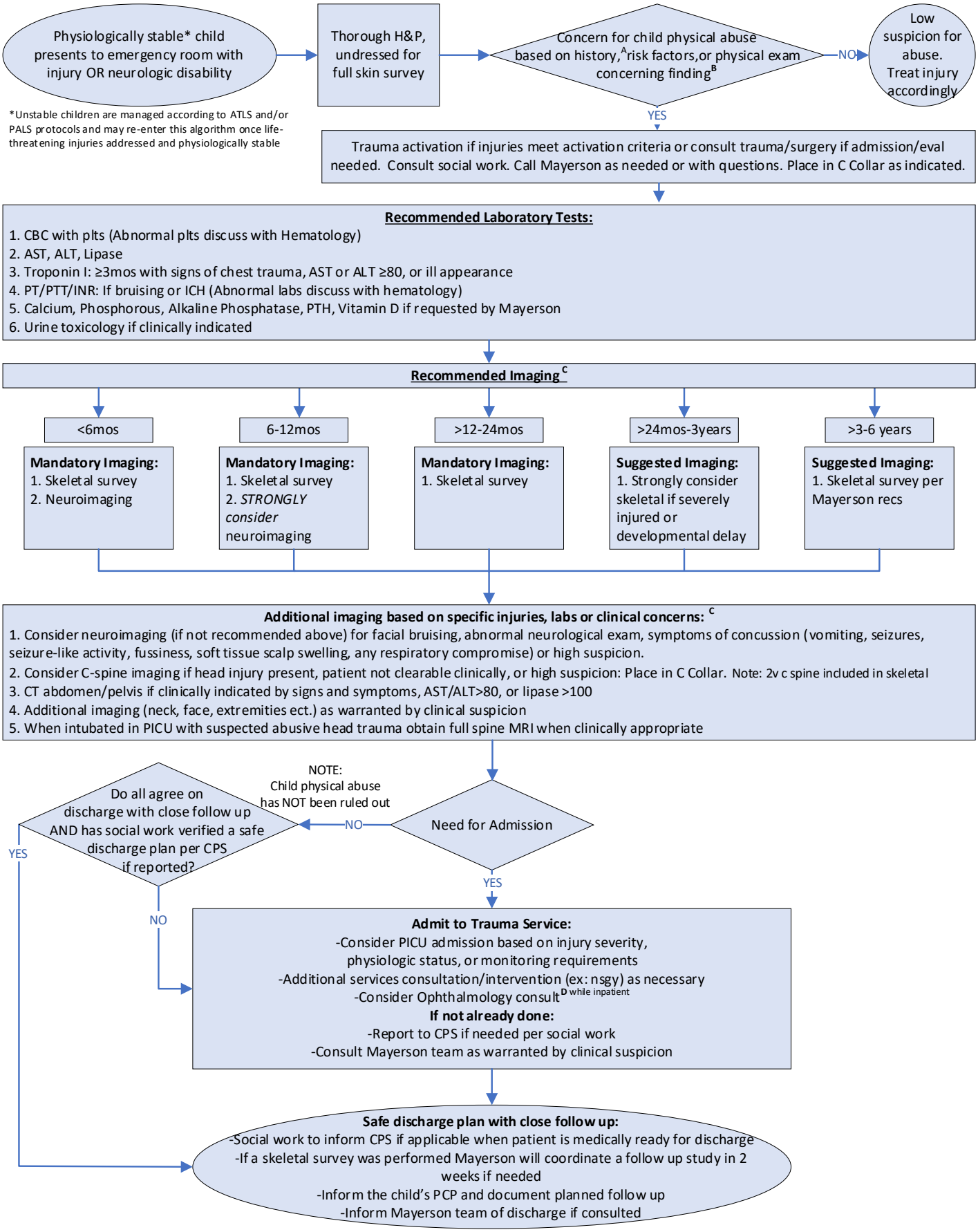
2.0 DEFINITIONS

2.1. CPS: Child Protective Services
2.2. CPA: Child physical abuse
2.3. AHT: Abusive head trauma
2.4. Skeletal Survey: A series of radiographs, performed systematically to cover the entire skeleton or the anatomic regions appropriate for the clinical indications. Utilized in CPA evaluation to assess for acute or healing fractures.
2.5. Fx: Fracture
2.6. Mayerson: Cincinnati Children's child abuse team.

3.0 GUIDELINE

3.1. Complete primary and secondary survey per ATLS and CCHMC guidelines
3.2. Refer to standardized Child Physical Abuse (CPA) Evaluation and Management Algorithm below

Child Physical Abuse (CPA) Evaluation and Management Algorithm



CPA Algorithm Appendix

A: History Risk Factors
1. History is absent or extremely vague, implausible, inconsistent with injury or developmental age or changing
2. Unwitnessed event (Note: A witnessed event is one that can be independently verified by a non-related witness)
3. Referred for suspected child abuse

Red Flag Factors:
1. Delay in seeking care
2. Prior ED visit for injury
3. Prior Child Protective services involvement
4. Domestic violence in the home
5. Criminal history, substance abuse or mental health history of any adult in close contact with child
8. Negative attributes by caregiver when describing child
9. Chronic medical condition or disability

B. Physical Exam – Concerning Findings
1. Bruise anywhere on an infant <5 mos. without confirmed trauma in public setting to account for bruising
2. Any bruise in child <4 yo in the "TEN" regions (**t**orso, **e**ars, **n**eck) of FACES-p (**f**renulum, **a**ngle of jaw, **c**heek, **e**yelids, **s**ubconjunctivae; **p**atterned)
3. Bruise, mark or scar in pattern that suggests being hit with an object
4. Perineal or genital injury
5. Burn injury suggestive of abuse: Heated contact of object. Scald-immersion burn
6. Any injury in a non-ambulating child
7. Unexplained injury or injury w/o history
8. Failure-to-thrive
9. Large head in children under 1 yo (>85%ile)
10. Signs of neglect (such as FTT, untreated dental caries ect.)

C. Concerning Radiology Findings
1. Metaphyseal or corner fx
2. Rib fx (especially posterior) without adequate history
3. Any fx in a non-ambulating child (including isolated humerus or femur fx in child <18mo)
4. An undiagnosed healing fx
5. Subdural or subarachnoid hemorrhage, particularly in absence of skull fx
6. Hollow viscus injury, particularly duodenal and small bowel injury, or combined hollow viscus injury + solid organ injury

D. Ophthalmology
- A dilated indirect ophthalmoscopy (**provided patient has been cleared by neurosurgery and never in the ED unless significant eye trauma**) should be performed in all cases of suspected abusive head trauma[E] if +subdural hemorrhage or per Mayerson's recommendations.
-Retinal examination should ideally take placed within 24-48 hours but may still add value if done later.

E. Abusive Head Trauma

-The CDC defines abusive head trauma (AHT) as: "an injury to the skull or intracranial contents of an infant or young child (<5 years of age) due to inflicted blunt impact and/or violent shaking." Excluded from this case definition are (1) unintentional injuries resulting from neglectful supervision and (2) gunshot, stab, or wounds from penetrating trauma.

-The 5-point Pittsburgh Infant Brain Injury Score may help determine when to obtain a head CT on well appearing infants (age >30days, <1yo) presenting without clear history of trauma but any of the following (1) BRUE/ALTE (2) vomiting w/o diarrhea (3) seizures or seizure-like activity (4) soft tissue scalp swelling (5) bruising (6) other nonspecific neurological symptoms not described above, such as lethargy, fussiness, or poor feeding. Calculate the score by: Any skin findings (bruise, scratch, cut, swelling) (2 points), Age ≥3mos (1 point), head circumference > 85%itle (1 point) and hemoglobin <11.2 (1 point). Score ≥2 imaging recommended (sensitivity 93%, specificity 53%).

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5.0 APPROVALS

All revisions of this guideline are approved by the Trauma Service Department. This guideline is reviewed every three years or sooner if deemed necessary. Policy authority for this document resides with the Trauma Service Department. This guideline is approved by the Trauma Service Manager and the Director of Trauma Services.

HISTORY
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04/15