Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Suspected Physical Abuse Procedure (Pediatric)

Indicators of Abuse: History

- No/vague explanation of significant injury
- Important details of explanation change dramatically
- Explanation of injury is inconsistent with the child's physical and/or developmental capabilities
- Injury occurred as a result of inadequate supervision
- Delay in seeking medical care without reasonable explanation
- Children with injuries resulting from family/ domestic violence incident
- Previous history of inflicted injury
- Inappropriate caretaker behavior that places child at risk

Indicators of Abuse: Physical Exam

Bruising
- Bruising in infants < 6months of age or non-ambulatory infants
- Bruising in unusual locations in any age child: ear pinna, neck, under chin, torso, buttock
- Pattern Bruises: loop marks, hand print, subgaleal hematoma due to hair pulling

Bite Marks
- Semi-circular/oval pattern
- May have associated bruising

Burns
- Pattern contact burns
- Cigarette burns
- Stocking/glove pattern
- Mirror image burns on extremities
- Symmetrical burns on buttock
- Immersion burns

Facial Injury
- Unexplained torn frenulum in non-ambulatory child
- Unexplained oral injury
- Ear injury

Injuries Suggestive of Abuse

Skeletal
- Rib fractures
- Multiple fractures
- Long bone fractures in < 6 months
- Any fracture (including femur) in non-ambulatory child
- Scapular fracture
- Sternum fracture
- Fractures of hands and feet

Head
- Subdural hematoma with or without skull fracture
- Unexplained intracranial injury (Note: Infants with intracranial injuries frequently have no or non-specific symptoms)

Poisoning
- Any illegal drug exposure, prescribed controlled substance, ethanol, or marijuana

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 7/6/21. Click **here** to see the supplemental resources for this guideline.
If comments about this guideline, please contact Jennifer_Prince3@ykhc.org.

Suspicion, allegation, disclosure, or confession of child physical abuse.
Please see Indicators of Abuse AND Injuries Suggestive of Abuse.

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Treat acute issues as appropriate. If patient is in village and stable please arrange to have patient sent to ED via next commercial flight. If unstable then activate medevac.

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Mandatory reporters must report via phone to: **OCS** AND law enforcement (**AST** if incident occurred in village or **BPD** if incident occurred in Bethel).

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- Complete appropriate work-up (see table). Use Child Abuse Power Plan.
- Take photos of any injury visible on exam, especially bruising. Take photos at a distance AND close-up to establish relative size and landmarks. Include ruler to establish scale.

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Send RAVEN communication to Child Abuse Pool detailing reports made to Law Enforcement and **OCS**.
May contact **Child Abuse On-Call** via Tiger Connect if any questions or concerns.

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If unable to reach a discharge plan with OCS that YOU think is safe, then consider admission for safety and send message to **Child Abuse On-Call** to help reach a safe discharge plan.

Contacts

- Child Abuse On-Call via Tiger Connect. May email ChildAbuse@ykhc.org with nonurgent questions.
- Office of Children's Services (**OCS**): (800) 478-4444
- Alaska State Troopers (**AST**): (907) 543-2294
- Bethel Police Department (**BPD**): (907) 543-3781
- Alaska CARES: (907) 561-8301

Mandatory Reporters include:
Medical providers, nurses, health aides, teachers, social workers, law enforcement officers, and mental health professionals.

Report should be made by every mandated reporter who has a concern, even if you think a report has already been made. This helps keep reports up to date with new information.

To complete the State of Alaska training for mandatory reporters, click **here**.

Note: Minor injuries (single bruise on forehead, occasional bruises on shins, minor oral trauma, etc.) in a child able to cruise or sit independently can be part of normal development.
Always ask caregivers for story behind injuries.
If history does not match injury or child's observed developmental level, strongly consider child abuse injury surveillance.

Child Abuse Injury Surveillance Table (Use Child Abuse Power Plan.)

	<6 months	6-24 months	2-5 years	>5 years
Full exam	Yes	Yes	Yes	Yes
Skeletal survey Including oblique rib films	Yes	Yes	If highly suspicious of severe abuse	If highly suspicious of severe abuse
Head CT Request 3D reconstruction and 3 mm slices	Yes	If neurological exam abnormal	If neurological exam abnormal	If neurological exam abnormal
Abdominal labs AST, ALT, lipase, bag or CC U/A	Yes	Yes	Yes	If abdominal trauma
Bone labs Calcium, magnesium, phosphorus, alkaline phosphatase, intact PTH, 25-OH	If fracture	If fracture	If fracture	If fracture
Coagulation studies PT/INR, PTT, factor VIII & IX activity levels, VWF activity & antigen, CBC with diff. Consider CK if significant bruising. If head trauma PT/INR, PTT, thrombin time, fibrinogen, D-dimer	If bruising	If concerning bruising	If concerning bruising	If concerning bruising
Head circumference	Yes	Yes	N/A	N/A
Urine drug screen ± expanded state screen (contact Child Abuse On Call if considering expanded screen)	Consider	Consider	Consider	No
Optometry consult (within 24 hours)	If head injury	If head injury	If head injury	N/A