Suspected Child Abuse
Clinic/Initial Workup

Child presents with physical abuse concerns (See Clinical Assessment)
- If child is not stable, refer to the Emergency Department

Obtain History and Physical (See Clinical Assessment) Is there concern for abuse or an injury not consistent with history?

NO

Continue care & follow-up as needed

YES

In a Children’s Physician (CP) clinic contact CP social worker (SW) SW will contact law enforcement & Child Protective Services (CPS) if indicated If after SW has left clinic, call their cell phone, if they can’t be reached call the CP SW on-call

Refer to Children’s ED as appropriate
Discuss with family the requirements of suspected abuse reporting

Type of injury concerning for abuse?

Head injury

Laboratory evaluation:
• PT/PTT/INR
• CBC
• Chem 14
• Amylase/Lipase
If bleeding disorder is suspected:
• Factor XII
• Platelet function assay
• Von Willebrand
• Consult Hematology

Photographs of injuries

Skeletal survey if under 2 **
• Non-emergent if being admitted
• Ensure imaging is performed by an institution comfortable with skeletal surveys

If AST and ALT > 80
• Consider surgical consult
• Consider CT abdomen

Refer to Emergency Department for admission

Bruiing, eye or facial injury & bite marks

Laboratory evaluation:
• PT/PTT/INR
• CBC
• AMylase/Lipase
If bleeding disorder is suspected:
• Factor XII
• Platelet function assay
• Von Willebrand
• Consult Hematology

Consult genetics if there are concerns for metabolic disease

Skeletal survey if under 2 **
• Non-emergent if being admitted
• Ensure imaging is performed by an institution comfortable with skeletal surveys

Head imaging if under 6 months*

Abdominal Injury &/or bruises

Laboratory Evaluation:
• PT/PTT/INR
• CBC
• Chem 14
• Amylase/Lipase
If bleeding disorder is suspected:
• Factor XII
• Platelet function assay
• Von Willebrand
• Consult Hematology

If ALT > 80
• Consider CT abdomen

Consult genetics if there are concerns for metabolic disease

Skeletal survey if under 2 **
• Non-emergent if being admitted
• Ensure imaging is performed by an institution comfortable with skeletal surveys

In a Children’s Physician (CP) clinic contact CP social worker (SW) SW will contact law enforcement & Child Protective Services (CPS) if indicated If after SW has left clinic, call their cell phone, if they can’t be reached call the CP SW on-call

Refer to Children’s ED as appropriate
Discuss with family the requirements of suspected abuse reporting

Type of injury concerning for abuse?

Head injury

Laboratory evaluation:
• PT/PTT/INR
• CBC
• Chem 14
• Amylase/Lipase
If bleeding disorder is suspected:
• Factor XII
• Platelet function assay
• Von Willebrand
• Consult Hematology

Consult genetics if there are concerns for metabolic disease

Skeletal survey if under 2 **
• Non-emergent if being admitted
• Ensure imaging is performed by an institution comfortable with skeletal surveys

Head imaging if under 6 months*

Abdominal Injury &/or bruises

Laboratory Evaluation:
• PT/PTT/INR
• CBC
• Chem 14
• Amylase/Lipase
If bleeding disorder is suspected:
• Factor XII
• Platelet function assay
• Von Willebrand
• Consult Hematology

If ALT > 80
• Consider CT abdomen

Consult genetics if there are concerns for metabolic disease

Skeletal survey if under 2 **
• Non-emergent if being admitted
• Ensure imaging is performed by an institution comfortable with skeletal surveys

In a Children’s Physician (CP) clinic contact CP social worker (SW) SW will contact law enforcement & Child Protective Services (CPS) if indicated If after SW has left clinic, call their cell phone, if they can’t be reached call the CP SW on-call

Refer to Children’s ED as appropriate
Discuss with family the requirements of suspected abuse reporting

Type of injury concerning for abuse?

Head injury

Laboratory evaluation:
• PT/PTT/INR
• CBC
• Chem 14
• Amylase/Lipase
If bleeding disorder is suspected:
• Factor XII
• Platelet function assay
• Von Willebrand
• Consult Hematology

Consult genetics if there are concerns for metabolic disease

Skeletal survey if under 2 **
• Non-emergent if being admitted
• Ensure imaging is performed by an institution comfortable with skeletal surveys

Head imaging if under 6 months*

Abdominal Injury &/or bruises

Laboratory Evaluation:
• PT/PTT/INR
• CBC
• Chem 14
• Amylase/Lipase
If bleeding disorder is suspected:
• Factor XII
• Platelet function assay
• Von Willebrand
• Consult Hematology

If ALT > 80
• Consider CT abdomen

Consult genetics if there are concerns for metabolic disease

Skeletal survey if under 2 **
• Non-emergent if being admitted
• Ensure imaging is performed by an institution comfortable with skeletal surveys

In a Children’s Physician (CP) clinic contact CP social worker (SW) SW will contact law enforcement & Child Protective Services (CPS) if indicated If after SW has left clinic, call their cell phone, if they can’t be reached call the CP SW on-call

Refer to Children’s ED as appropriate
Discuss with family the requirements of suspected abuse reporting

Type of injury concerning for abuse?

Head injury

Laboratory evaluation:
• PT/PTT/INR
• CBC
• Chem 14
• Amylase/Lipase
If bleeding disorder is suspected:
• Factor XII
• Platelet function assay
• Von Willebrand
• Consult Hematology

Consult genetics if there are concerns for metabolic disease

Skeletal survey if under 2 **
• Non-emergent if being admitted
• Ensure imaging is performed by an institution comfortable with skeletal surveys

Head imaging if under 6 months*

Abdominal Injury &/or bruises

Laboratory Evaluation:
• PT/PTT/INR
• CBC
• Chem 14
• Amylase/Lipase
If bleeding disorder is suspected:
• Factor XII
• Platelet function assay
• Von Willebrand
• Consult Hematology

If ALT > 80
• Consider CT abdomen

Consult genetics if there are concerns for metabolic disease

Skeletal survey if under 2 **
• Non-emergent if being admitted
• Ensure imaging is performed by an institution comfortable with skeletal surveys