Suspected Child Abuse – ED/Initial Workup

Child presents with physical abuse concerns
(See Clinical Assessment)

Obtain History and Physical (See Clinical Assessment)

Medical care takes priority. Refer to Trauma Protocol if clinical significant injury. Refer back to this pathway once patient is stable.

Is there concern for abuse or an injury not consistent with history?

NO

Contact social work, law enforcement & Child Protective Services (CPS) as appropriate

DISCUSSION WITH FAMILY THE REQUIREMENTS OF SUSPECTED ABUSE REPORTING

YES

Admit to trauma service for management of symptoms of injury or care of injury

Consult with trauma team for admit recommendation to either pediatric surgery team or hospitalist service

Is the patient medically stable for discharge?

NO

YES

Is a safety plan in place & is work-up complete?

NO

YES

Discuss follow-up instructions with caregiver(s) & discharge patient

DISCUSSION WITH FAMILY THE REQUIREMENTS OF SUSPECTED ABUSE REPORTING

Laboratory evaluation: **
- PT/PTT/INR
- CBC
- Chem 14
- Amylase/Lipase

Photographs of injuries
(Refer to Policy # CAT-003)

IS THE PATIENT MEDICALLY STABLE FOR DISCHARGE?

NO

YES

Admit to trauma service for management of symptoms of injury or care of injury

Consult with trauma team for admit recommendation to either pediatric surgery team or hospitalist service

Laboratory Evaluation: **
- PT/PTT/INR
- CBC
- Chem 14
- 25 OH vitamin D
- PTH/Alk Phos

Photographs of injuries
(Refer to Policy # CAT-003)

AST and ALT are > 80
- Consider surgical consult
- Consider CT abdomen/pelvis

Skeletal survey if under 2 ***
Non-emergent if being admitted

Laboratory Evaluation: **
- PT/PTT/INR
- CBC
- Chem 14
- Amylase/Lipase

Photographs of injuries
(Refer to Policy # CAT-003)

Skeletal survey if under 2 ***
Non-emergent if being admitted

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Laboratory evaluation: **
- PT/PTT/INR
- CBC
- Chem 14
- Amylase/Lipase

If bleeding disorder is suspected:
- Factor XII
- Platelet function assay
- Von Willebrand
- Consult Hematology

Consider further workup if metabolic disease suspected:
- Urine organic acids/serum amino acids
- Obtain newborn screen

Head Imaging *

Skeletal survey if under 2 ***
Non-emergent if being admitted

Laboratory evaluation: **
- PT/PTT/INR
- CBC
- Chem 14
- Amylase/Lipase

If bleeding disorder is suspected:
- Factor XII
- Platelet function assay
- Von Willebrand
- Consult Hematology

Consider further workup if metabolic disease suspected:
- Urine organic acids/serum amino acids
- Obtain newborn screen

Head injury

Brusing, eye or facial injury & bite marks

Fracture(s)

Abdominal injury & bruising

DISCUSSION WITH FAMILY THE REQUIREMENTS OF SUSPECTED ABUSE REPORTING

Authority involvement not indicated
Follow up with PCP

* Do not accuse or treat these families any different than others.
* Consider having the senior resident/staff be the primary providers for these cases.
* An on call social worker may be paged at 402-888-8420 for questions related to patient treatment

** CT head scan for acute/unstable patients, consider MRI if patient is stable and to be admitted.
* Full spine MRI is also indicated in patients with suspected head injury: particularly if child is unwell or CT head was abnormal.
** The Children’s Advocacy Team (CAT) order sets cover these orders
*** Skeletal (osseous) survey
* All children under 2 with suspected physical abuse.
* Consider in children 3-5 years

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.