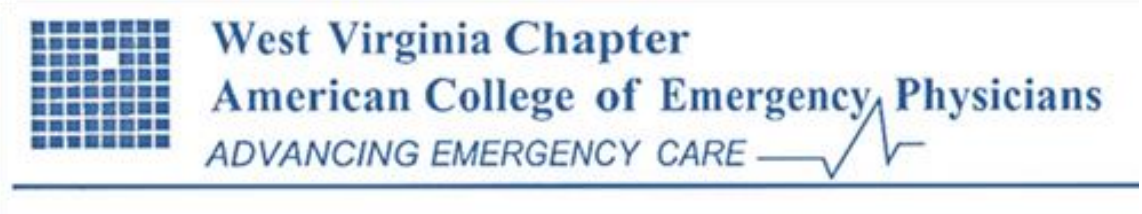
# Child Physical Abuse Medical Response Protocol[1]

This protocol is intended to help health care providers identify children who may be victims of physical abuse and provides information on how to report suspected abuse, how to refer cases to a medical provider with specialized training in the identification and treatment of child physical abuse, and what steps to take in addition to serving that child's basic medical needs. The guidelines below provide only general characteristics of accidental and non-accidental pediatric injury; the clinician must be guided by his or her professional assessment of individual case circumstances.






[1] **This protocol has been a project of the West Virginia Child Advocacy Network (WVCAN) funded by the Claude Worthington Benedum Foundation and the Bernard McDonough Foundation. It has been endorsed by the West Virginia Chapter of the American Academy of Pediatrics and the West Virginia Chapter of the American College of Emergency Physicians.**

## Suggestive of Accidental Pediatric Injury

### INJURY STORY

**Clear/Unchanging story of injury circumstances that is:**

- Consistent with injury type
- Consistent with injury severity
- Consistent with injury location & distribution
- Consistent with time & date of injury event
- Consistent with the expected behavioral repertoire of the child, both before and after injury event.

### CARETAKER BEHAVIOR

- Early/Timely presentation to medical care

### EXAM FINDINGS

**Accidental–type soft tissue injuries for children who are able to "cruise":**

- Bruising/laceration to knees, shins, elbows, single bruise to face or head in a cruising/walking child
  - Generally to the front of the body
  - Restricted to single body planes
- Non-patterned injury: burns / bruises
- Hot liquid burns: pour type, to frontal body surfaces
- Presents with single soft tissue injury type: bruising with laceration or abrasion, or burns; not both.

**Bone fractures non-specific for abuse:**

- Long bone shaft fractures
- Midshaft clavicle fracture
- Linear skull fracture without diastasis (cerebral edema) or intracranial injury

**Accidental poisoning characteristics:**

- Early presentation to medical care
- Caretaker identification of involved/suspected household material and clear reported circumstances of ingestion/exposure
- No evidence of chronic exposure; no pharmaceutical involvement
- Age ≥ 8 months to 5 years

**All medical providers are mandated reporters (West Virginia Code §49-6A-2), meaning suspected cases of child abuse must be reported to Child Protective Services (CPS) and law enforcement**. It is not the reporter's responsibility to prove that abuse has occurred prior to making a report.

If you need to make a referral for medical care, Children's Advocacy Centers (CACs) can help you identify medical providers with specialized training in identifying and treating child abuse during normal business hours. If it is after business hours, follow your facility's protocols, make a mandated report to CPS and law enforcement, and follow up with your local CAC as soon as possible. If you need additional assistance in locating a provider, please call the West Virginia Child Advocacy Network at 304-414-4455 during normal business hours.

# Suggestive of Non-Accidental Pediatric Injury

**MANDATED REPORTING**
Child Protective Services: 800-352-6513 (Hotline)
Local State Police Detachment: _____

To locate a medical provider with specialized training in identifying and treating child abuse, call your local CAC: _____

**INJURY STORY**

**Story of injury circumstances presents persistent ambiguities, conflicts, contradictions:**

- Different stories from household members/incident witnesses
- Caretaker story changes significantly over time
- Story inconsistent with: injury type, injury severity, child's expected post-injury behaviors, or expected injury location and distribution on the body
- Story circumstances inconsistent with age-appropriate child behaviors/capabilities

**CARETAKER BEHAVIOR**
**If you check any of these, proceed to the corresponding box in the next column.**

| | |
|---|---|
| ☐ Unusual caretaker behaviors manifest—violent or impaired behaviors / unexplained; inappropriate during patient presentation / hospitalization<br>☐ Unexplained / inappropriately late presentation of child by caretaker to medical attention, or presents with injury complications such as infection | **Document thoroughly in chart, especially excited utterance, in quotes** |

**EXAM FINDINGS**
**If you check any of these, proceed to the corresponding box in the next column.**

| | |
|---|---|
| **For <u>non-mobile child</u> presenting with SOFT TISSUE INJURY or FRACTURE:**<br>☐ Any soft tissue injury on a child that can't cruise<br>☐ All fractures, fresh or healing, without a clear accidental explanation (e.g., car crash) | **<u>For children <1:</u>**<br>• **CT scan of the head without contrast**<br>**<u>For Children 0-2 years:</u>**<br>• **Skeletal survey, repeat limited skeletal survey 2 weeks later**<br>• **Other workup as indicated (ophthalmologic evaluation as indicated)**<br>**<u>All Children:</u>**<br>• **Entire body surface and each soft tissue injury (note swelling) photographed with and without scale and labeled with child's name, date/ time/ photographer**<br>• **Contact child abuse pediatrician for additional information 304-388-2391** |
| **Soft tissue inflicted injury characteristics <u>in a cruising/walking child</u>:**<br>☐ Multiple grouped injuries anywhere and/or distributed over more than one body plane<br>☐ Injury involving primarily posterior body surfaces, or the torso, neck, frenula (oral cavity), or ears<br>☐ Bruising to body areas not directly overlying boney prominences<br>☐ Bruising associated with localized petechial hemorrhages<br>☐ Any injury that forms a pattern or shape<br>☐ Soft tissue injuries involving more than one cause (e.g., burns and bruises together)<br>☐ All immersion burns | |
| **<u>Infants and children</u> with any of the following fractures:**<br>☐ Displaced fracture, classic metaphyseal lesions<br>☐ Presentation of fracture with healing changes (periosteal/callus formation) or malunion<br>☐ Skull fracture that is complex, diastatic, or associated with neurologic signs<br>☐ Fractures of ribs, scapula, vertebral processes, orbital fractures, multiple fractures of differing ages | |
| **Suspected intentional poisoning in infancy or early childhood:**<br>☐ UDS positive for <u>non-prescribed</u> pharmaceuticals such as narcotics or benzodiazepines, or inappropriate over the counter medicine such as Benadryl, etc.<br>☐ Presentation of unexplained altered sensorium without anatomic findings<br>☐ Prior admission for drug toxicity | • **Save admit blood and all other <u>first day</u> bio samples** |

# References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