



QR code for mobile view

Infant, child, or adolescent with a physical injury and/or other indication of abuse presents to any care setting

Inclusion criteria:

- < 18 years of age
- If ≥ 18 years of age, contact Social Work for guidance

Exclusion criteria:

- Injury due to motor vehicle or bike accident
- Non-abusive injury witnessed by multiple people
- Injury occurring at birth

Findings Concerning for Physical Abuse

Skin

- Any bruising on an infant < 6 months of age
- [Bruising on buttocks, ear, or other suspicious area](#)
- Burns, particularly if child is < 3 years of age

Bone

- Fracture in an infant < 1 year of age
- [Fracture indicating potential abuse](#)

Internal Injury

- Internal or abdominal injury in child < 4 years of age
- Intracranial bleeding or skull fracture in infant < 1 year of age

Other

- Injuries on a child who is non-verbal or non-mobile
- [Other presentations suggestive of possible abuse without an alternative diagnosis](#) (e.g., bite marks, isolated vomiting, seizure, apnea)

Additional Resource with Photos:
[VisualDx / Physical child abuse](#)

When a Report is Needed

- A social worker will complete a PAR to document a psychosocial assessment if concern for potential abuse. A PAR is initiated whenever abuse is under consideration. *A PAR does not mean a child protective services report will be made*
- If a mandated reporter believes in good faith there is a reasonable cause to suspect abuse, a hotline report must be made without unnecessary delay to the appropriate state agency and/or law enforcement.

Abbreviations:
SCAN = Safety, Care, and Nurturing
PAR = Patient At Risk Assessment

Initial Evaluation

- Stabilize as needed prior to further evaluation (*if severe injury*)
- Complete a well-documented [history and physical](#)
 - Have parent or caregiver provide a narrative without interruptions
 - Document any skin findings via Multimedia Photo Capture app (*or similar resource, if outside of Children's Mercy*)
- Clearly communicate process with families
 - [Scripts for Communicating with Children and Families](#)
 - [Provider Education Video](#) (*available for Children's Mercy providers through the Child Abuse Toolkit*)
- Providers outside of Children's Mercy, contact SCAN Physician OnCall through 1-800-GOMERCY (1-800-466-3729) to discuss process based on resources available**

Engage Social Work
(Social Work Education Video)

- Page social work to discuss concerns and place consult order
- Social Work to complete Patient At Risk (PAR) Assessment**
- Consider on-site Safety Plan (1:1 observation and/or visitor restrictions, refer to [Social Work process](#) for details)

A PAR does not mean a child protective services report will be made

Diagnostic Evaluation

- See [Diagnostic Testing for Occult Injury algorithm](#)
- Contact SCAN Physician via *Web OnCall* for any questions regarding medical evaluation or diagnostic uncertainty

Ensure closed loop communication with all teams involved

Determine if a report to child protective services and/or law enforcement is needed

Determining Disposition
If questions, contact SCAN Physician regarding disposition

- Social Work:** If a report was made to a state agency, determine need for discharge safety plan
- Provider:** If additional diagnostic testing is needed, determine if it will be completed outpatient by SCAN, or if transfer to ED or inpatient is required
- Trauma Surgery:** If being admitted for acute physical injury, consult Trauma Surgery via *Web OnCall*

Discharge Home

- [Communicate findings and follow-up plan with family](#)
- If Safety Plan is needed, finalize **BEFORE** discharge
- Communicate plan with PCP

Transfer to ED and/or Admit

- [Communicate findings and disposition to family](#)
- Contact SCAN Physician, if not already involved
- If patient requires admission, admit to Trauma Surgery (*or other surgical service*), unless otherwise directed by Trauma
- If already admitted to a non-surgical service, consult Trauma Surgery and transfer if needed



QR code for mobile view

Infant, child, adolescent with suspected physical abuse:
Diagnostic Testing for Occult Injury
 Contact SCAN Physician OnCall for any questions regarding medical evaluation or diagnostic uncertainty

< 2 years of age

2 - 5 years of age

> 5 years of age

Obtain Skeletal Survey (May need to be repeated in 2 weeks)

Obtain Head CT

- If concern for head trauma - or -
- All infants \leq 6 months of age - or -
- Child > 6 months of age with any of the following:
 - Abnormal neurologic exam
 - Increased head circumference
 - Abnormally low hemoglobin
 - Rib fractures, multiple fractures, or significant facial injury

A head ultrasound is not an appropriate evaluation for suspected intracranial injury.

Obtain AST/ALT/Lipase

Obtain Abdomen/Pelvis CT with contrast, if AST or ALT > 80 IU/L or there is evidence of abdominal trauma

Obtain Skeletal Survey, in patients with severe injury or developmental delay if recommended by SCAN Physician OnCall

Obtain Head CT, if concern for head trauma (i.e., altered mental status, seizure)

Obtain AST/ALT/Lipase

Obtain Abdomen/Pelvis CT with contrast, if AST or ALT > 80 IU/L or there is evidence of abdominal trauma

Obtain Skeletal Survey, in patients with developmental delay if recommended by SCAN Physician OnCall

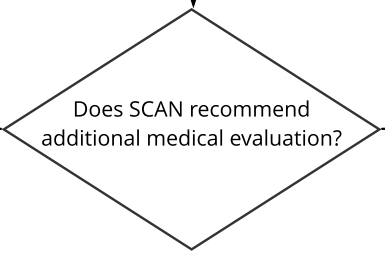
Obtain Head CT, if concern for head trauma (i.e., altered mental status, seizure)

Obtain Abdomen/Pelvis CT with contrast, if there is external evidence of abdominal trauma

Social Work will coordinate [care for siblings or other children in the same caregiving environment](#)

Discuss findings with SCAN Physician OnCall and Social Work

Refer to [Child Physical Abuse](#) to determine if a report needs to be made and disposition



[Additional Medical Evaluation](#)

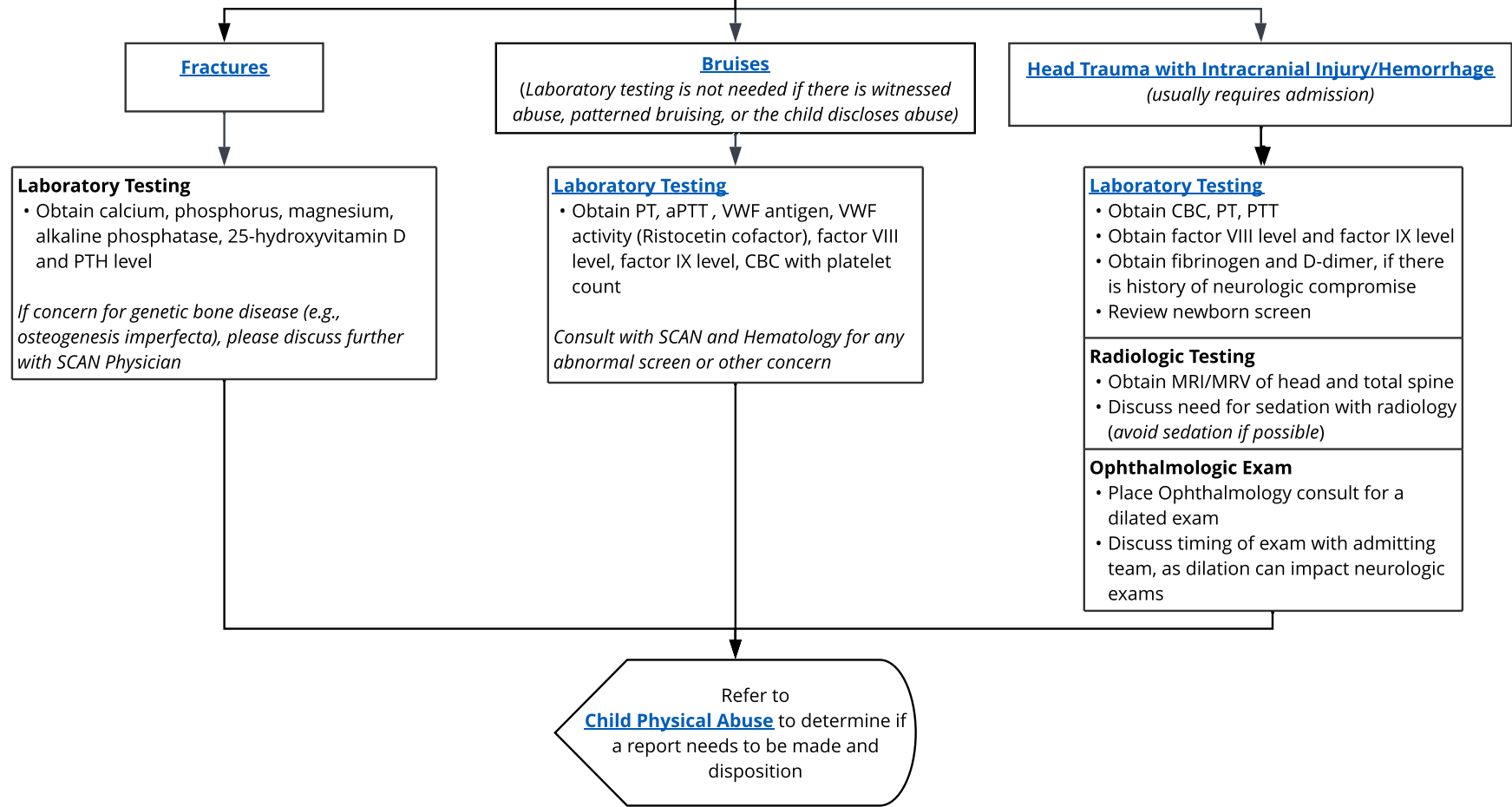
Abbreviations:
 SCAN- Safety, Care, and Nurturing



QR code for mobile view

Abbreviations:
SCAN- Safety, Care, and Nurturing

Infant, child, adolescent with suspected physical abuse in need of additional medical evaluation based on SCAN Physician recommendations



References
 Anderst, J., Carpenter, S. L., Abshire, T. C., Killough, E., the American Academy of Pediatrics Section on Hematology/Oncology, the American Society of Pediatric Hematology/Oncology, & the American Academy of Pediatrics Council on Child Abuse and Neglect. (2022). Evaluation for bleeding disorders in suspected child abuse. *Pediatrics*, 150(4), e2022059276. <https://doi.org/10.1542/peds.2022-059276>
 Christian, C. W., & the Committee on Child Abuse and Neglect, American Academy of Pediatrics. (2015). The evaluation and treatment of suspected child physical abuse. *Pediatrics*, 135(5), e1337-e1354. <https://doi.org/10.1542/peds.2015-0356>
 Narang, S. K., Fingarson, A., Lukefahr, J., & the American Academy of Pediatrics Council on Child Abuse and Neglect (2020). Abusive Head Trauma in Infants and Children, *Pediatrics*, 145(4), e20200203. <https://doi.org/10.1542/peds.2020-0203>