PAEDIATRICS

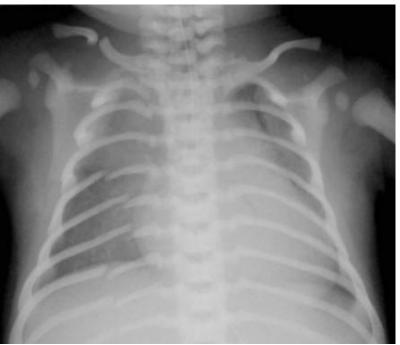
NON-ACCIDENTAL INJURY

A 2 month old boy is brought to hospital by his mother. He has been distressed for most of the day after "rolling out of bed". When you question how a 2 month old was able to do this she responds that actually his father accidentally dropped him.

There is swelling and bruising around the hip and upper leg and possibly some finger marks. You strip the child and note there are a couple of other bruises – on the buttocks and around the chest.

You do some x rays:





What do the X rays show?

Which features of the history concern you?

What action should you take?

Concerning History

- Injuries inconsistent with history or development (<3 month old rolled off bed).
- Vague or changing history or inconsistent between child and responsible adult.
- **Delay** in seeking medical attention.
- Frequent ED attendances.
- Abnormal interaction with attending adult or other abnormal child behaviour.

Concerning Injuries

- **Bruising** of unusual areas or in pattern of hand, implement or ligature.
- Lacerations/abrasions with inadequate explanation or in shape of implement.
- **Burns/scalds** on areas not usually burned or in shape of cigarette or implement.
- Fractures of ribs or spine, epiphyseal separation and metaphyseal chip # of knee, wrist, elbow or ankle. Long bone # if <3.
- Bites.
- Multiple injuries of differing ages.
- Injuries in pre-mobile children especially fractures.
- Injury to genetalia or perineal bruising, pain, discharge or bleeding.
- Intoxication with alcohol, drugs or poisoning with other substances.

In all attendances:

- Check clinical portal for other information eg. paediatric/social work letters.
- Check Trakcare for alerts.
- If under 1 year old complete the **Under 1 Injury Proforma**.
- Document meticulously.
- Inform social work of any attendance if on the child protection register.
- Check previous attendances. You must check portal to see if these were concerning.
- If >3 attendances within the last year you must discuss this with a senior clinician.

If there are concerns:

- **Do not discharge the patient** without first involving social work and gaining agreement of the doctor in charge of the department.
- **Contact Social Work**. ?On the child protection register. ?Other information. ?Advice.
- Complete the **Shared Referral Form**. This can be found on Trakcare and alerts social work who will then take appropriate action. Put a sticker in the diary which will allow the secretaries to print and fax the referral form.
- If there are immediate concerns regarding safety alert the police.
- If you need advice discuss with the **Child Protection Unit** paediatrician on-call.
- Consider whether other children may be at risk. Alert social work +/- the police.
- Ensure a discharge letter is sent to the GP outlining concerns and actions taken.