Multidisciplinary Non-Accidental Trauma Management Guideline

Background:
Non-accidental trauma (NAT) is a leading cause of childhood traumatic injury and death in the United States. In 2010, an estimated 2.07 children per 100,000 died as a direct result of abuse or neglect. (1) Children from birth through age 3 are at greatest risk for death, though all children are at risk. (2) Though training for physicians and medical professionals helps prepare care-givers to recognize the signs of abuse, unrecognized child abuse continues to be a concern. In a study of 173 abused children with head injuries, 54 were NOT recognized as having been abused during the initial presentation. Of those, 15 were reinjured and 4 later died. (3)

Goal:
The goal of this guideline is to assure consistent trauma evaluation and management of patients with suspected or confirmed non-accidental trauma in order to minimize the potential that a victim coming through our system will not be recognized.

Personnel affected:
1. Attending Trauma Surgeon and Resident staff
2. Emergency Department Attending and Resident staff
3. Pediatric Hospitalist Attending and Resident staff
4. Pediatric ICU Attending and Resident staff
5. Child Maltreatment Physician
6. Pediatric Social Work Staff
7. ECC staff

Procedure:
Initial Emergency Department evaluation: Children evaluated in the Emergency Department with injuries that are suspicious for non-accidental trauma (NAT) (See Appendix A) will be evaluated as a Level 3 trauma. The Pediatric trauma team will be consulted to evaluate the injuries. Any child with verified or suspected NAT requiring admission will be admitted to the Pediatric Trauma/Surgery Team, with involvement of other services, especially Pediatric Hospitalists, for at least the first 24 hours to assure time for adequate initial evaluation. All children admitted to the PICU with suspected or confirmed NAT will be admitted to the...
PICU service per current hospital guidelines, but will continue to have Pediatric Trauma/Surgery involvement for at least the first 24 hours to allow for a thorough trauma evaluation. After 24 hours, the patient may be transferred to other services, as condition warrants. Transfer from Pediatric Trauma/Surgery service does not imply that NAT workup is complete, and workup should continue, as necessary.

Transferred patients: Any child being transferred to the Children’s Hospital of GA/Augusta University Medical Center with known or suspected NAT will be evaluated in the Emergency Department as a Level 2 trauma activation. Children transferred with known or suspected NAT should NEVER have direct admissions to the floor or PICU.

References:

4. Pediatric Trauma Society Non-Accidental Trauma Clinical Practice Guidelines
5. EAST Non-Accidental Trauma Screening and Management Guideline
Appendix A

Injuries suspicious for non-accidental trauma:

- Multiple injuries/multiple types of injuries
- Injuries in various stages of healing
- Significant unexplained injuries in a young child
- Patterned injuries – loops, human bites, slap marks, pinches, patterned marks resembling objects
- Bruising of the Torso (chest, abdomen, back, buttocks, genitourinary area, and hips), Ears, and Neck (TEN) in any child ≤ 4 years old
- Any bruising in a non-ambulatory child
- Burns – immersion burns, burns to genitals and perineum, or patterned burns from a hot object (cigarette, curling iron, iron, etc.)
- Abdominal bruising, pain, and swelling
- Fractures - rib fractures in the absence of major chest trauma, femur fractures in a non-ambulatory child, fractures in various stages of healing, metaphyseal fractures, scapular fractures, spinous process fractures
- Evidence of abusive head trauma (AHT) including skull fractures, epidural hemorrhage, subdural or subarachnoid or intraventricular hemorrhage, diffuse axonal injury (DAI), cortical contusions, and intraparenchymal hematomas.
- Oral injury or labial frenulum tears in a non-ambulatory child
- Evidence of excessive delay in seeking treatment
- Injuries inconsistent with the history or history changing/evolving
- Injuries that do not match the child’s level of development