

SUSPECTED CHILD PHYSICAL ABUSE



What to do when physical abuse is suspected in a child under 3 years old.

Determine if forensic evidence will be collected prior to cleansing and removal of clothing.

Contact Social Work for all cases.

1 HISTORY

Take detailed history

Review available prior medical records (PCP, ED, Inpatient)

Review prior radiologic exams at referring hospitals

Review prior photographs

2 PHYSICAL

Growth parameters, including head circumference

Inspection of all body parts and thorough skin exam

Palpation of extremities, ribs, and clavicles for crepitus or deformities

Complete abdominal and neurological exam

Oral exam with attention to lips, tongue, buccal mucosa, frenula, palate, and teeth

Ear exam, scalp and hair

External genital + anal exam

3 CONSULTS TO CONSIDER

Social Work - for all cases

Pediatric Ophthalmology: <12 mo, >12 mo prn

Medical Photography, ASAP when indicated

Upload images of outside films/report and request 2nd opinion Radiology read

SANE (Sexual Assault Nurse Examiner), if sexual abuse is also suspected and injury is <96 hours

Neurosurgery, Orthopedic, ENT

Child Abuse Referral and Evaluation (CARE) clinic, 315-883-5617 or check Amion



4 DIAGNOSTIC TESTS

CBC, CMP, Lipase, PT/PTT, Urinalysis

UDS/Toxicology for suspicion/AMS

Consider Vit D, Ca, Phos, and PTH for metabolic bone disease

Imaging: Skeletal survey <36 mo w f/u in 10-14 days

CT head for acute in <12 mo, >12 mo prn and MRI for remote and f/u imaging

Consider C-spine, CT abdomen/pelvis

Forensic evidence and STI testing if indicated



5 PHOTOGRAPHY

Call Medical Photography, 315-464-5877, or for on-call number, check Amion

Photographic documentation guidelines found at www.champprogram.com, Practice Recommendations page, or scan QR code:



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DOCUMENTATION

History obtained from whom

Physical findings with measurements

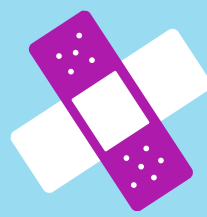
Tests ordered/performed and results

Impression: Suspected physical abuse

DO NOT ATTEMPT TO FURTHER INTERPRET FINDINGS IF UNCERTAIN

Write impact statement if requested by CPS

For impact statement guidelines, visit www.champprogram.com, Resources for Professionals, or scan QR code:



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SIBLINGS/PEDIATRIC CONTACTS

Inform CPS that all siblings and other pediatric household contacts must be referred to PCP, ED, or CARE Clinic:

ED-<6 mos and all acute issues

PCP->6 mo and within 24 hours

CARE Clinic->6 mo for patients with no PCP

Siblings <6 mo should have CT head, labs, skeletal survey

Siblings <24 mo should have a skeletal survey

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REPORTING

CALL NYS MANDATED REPORTER HOTLINE

1-800-342-3720 TO MAKE A REPORT

Complete and sign child abuse reporting form LDSS-2221A

To access form, visit NYS Office of Children and Family Services website: ocfs.ny.gov or scan QR Code:



AS A LICENSED PROFESSIONAL, YOU ARE REQUIRED TO REPORT CHILD ABUSE. A REFERRAL TO A CHILD ABUSE EXPERT IS NOT THE SAME AS A HOTLINE REPORT TO THE NYS CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT.

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AT DISCHARGE

Communicate with CPS to determine that child has a safe plan prior to discharge and document in medical chart.

Order and schedule follow up skeletal survey in 10-14 days from initial skeletal survey, if applicable, by calling 315-464-7475

Make appointments with PCP and other specialists, including the CARE Clinic, **315-883-5617**, as applicable.

