SUBJECT: Non-Accidental Trauma (NAT) in the Pediatric Patient **PAGE:** 1 of 2

REVIEWED/UPDATED: new **EFFECTIVE: 8/18/2023**

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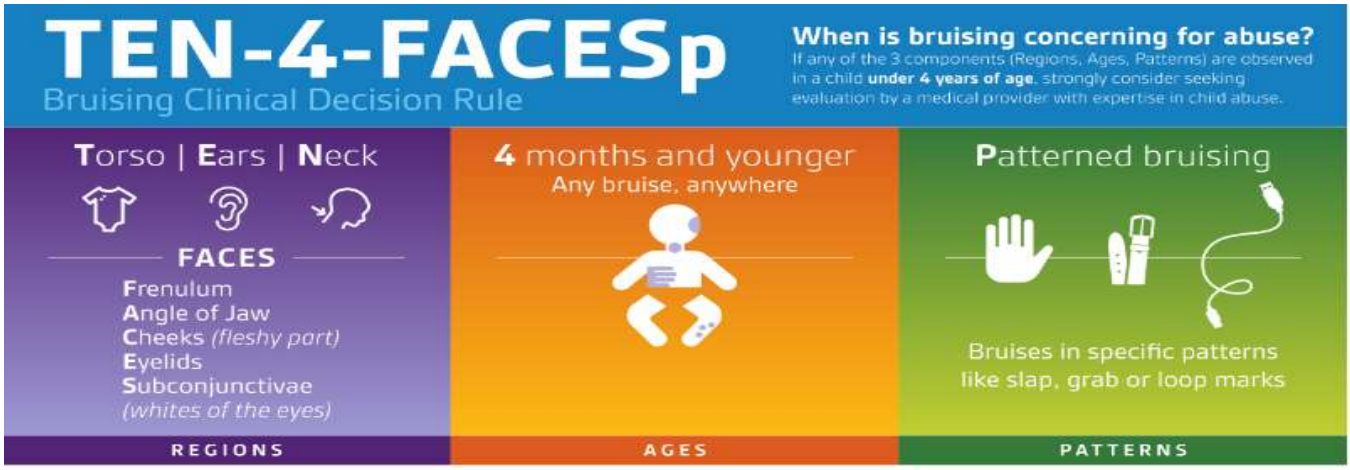

PURPOSE:

To provide a guideline for evaluation and treatment of the pediatric patient with suspected non-accidental trauma.

GUIDELINE:

A. Medical providers are mandatory reporters and therefore should assess every pediatric patient for possible non-accidental trauma, regardless of the reason for the visit
B. Maintain a high index of suspicion of non-accidental trauma in pediatric patients who exhibit any of the following signs, symptoms or indications and complete a full unclothed exam
    a. History of present injury
        i. Inconsistent or absent history for injury
        ii. Changing history
        iii. Unwitnessed injury
        iv. Additional injuries not accounted for by history of event
        v. Bruising/skin injury inconsistent with developmental history/age of the child
        vi. Witnessed abuse
        vii. Absence of obvious cause for findings
        viii. Neglect (delay in seeking care)
    b. Domestic violence in the home Injury Pattern(s)
        i. Any fracture </= 12 months of age (including skull fractures)
        ii. Bruising to the ear, eyelid, cheek, angle of the jaw, neck, chest, abdomen, buttocks, genitals, or patterned bruising (see 10-4-FACESp decision tool)
        iii. Any bruising in a child ≤ 4 months of age
        iv. Subconjunctival hemorrhage
        v. Frenulum injuries in non-ambulatory infants/toddlers

C. Consult Social Work to advise of suspected non-accidental trauma. Social Work will assist with mandatory reporting. This should occur before or at the time of transfer; do not defer reporting to

Arkansas Children's Hospital.

D. Coordinate Transfer to Arkansas Children's Hospital thru the Arkansas Trauma Communication Center (ATCC) for all patients who have a clinical indication or suspicion for non-accidental trauma. A complete traumatic workup can be deferred to Arkansas Children's Hospital as long as the patient has been stabilized prior to transfer.

E. Patients who have clinical findings or suspicion of non-accidental trauma should always be transported via EMS.

Performance Monitoring:

1. All Pediatric trauma patients transferred to ACH
2. Pediatric transfers coordinated through ATCC

References:

1. Pierce MC, Kaczor K, Lorenz DJ, et al. Validation of a Clinical Decision Rule to Predict Abuse in Young Children Based on Bruising Characteristics. *JAMA Netw Open.* 2021;4(4):e215832. doi:10.1001/jamanetworkopen.2021.5832
2. Kim PT, Falcone RA Jr. Nonaccidental Trauma in Pediatric Surgery. Surg Clin North Am. 2017 Feb;97(1):21-33. doi: 10.1016/j.suc.2016.08.002. PMID: 27894429.
3. Cindy W. Christian, COMMITTEE ON CHILD ABUSE AND NEGLECT; The Evaluation of Suspected Child Physical Abuse. *Pediatrics* May 2015; 135 (5): e20150356. 10.1542/peds.2015-0356