

Initial Non-Accidental Trauma (NAT) Screening and Management Guideline for Pediatrics

Screening

Medical/Social History

No history
 History inconsistent with injury
 Changing history
 Unwitnessed injury
 Delay in seeking care
 Prior ED visit
 Domestic Violence in home
 Premature infant (<37 weeks)
 Low birth weight or IUGR
 Chronic medical conditions

Physical Exam

Torn frenulum
 Failure to thrive
 Any bruise in any non-ambulating child- “if you don’t cruise you don’t bruise”
 Any bruise in a non-exploratory location especially the TEN region—Torso (area covered by a standard girl’s bathing suit), Ears, and Neck <4 years old
 Perineal bruising or injury
 Bruises, marks/burns, or scars in patterns that suggest hitting with an object

**** Photo documentation of all injuries**

Radiographic Findings

Metaphyseal fractures (corner)
 Rib fractures in infants
 Any fracture in non-ambulating children
 Undiagnosed, healing fracture
 Subdural or subarachnoid hemorrhage in children < 1 year old

In outpatient clinic setting if screening is positive refer to the Emergency Department for remainder of workup

Management

Laboratory

General for most patients

- CBC with diff
- PT/PTT/INR
- CMP
- Amylase/Lipase
- Urinalysis
- Tox screen
- If fractures are present: Phos, PTH, Vit D 25-OH

Consults

- Pediatric General Surgery for trauma evaluation
- If Head CT abnormal call Neurosurgery
- Ophthalmology if abnormal head CT, abnormal mental status/neurologic exam
- Pediatrician or PICU Intensivist
- SANE nurse
- Pediatric Social Worker
- Report to CPS 1-866-820-5437

Radiology

Skeletal survey for < 2 years old (with 2 week follow up)

In ED if needed for disposition; or within 24 hours of admission

Head CT (non-contrast with 3D reconstruction) if:

< 6 months of age and other findings of abuse
 Bruising to face or concern for head injuries
 Neurologic symptoms < 12 months of age (including soft symptoms such as vomiting, fussiness)

Consider Abdominal Ultrasound or CT if:

Signs or symptoms of abdominal trauma
 ALT or AST is twice normal

Disposition

ED Discharge Criteria

- No identified injury requiring admission
- Safety plan in place as per CPS
- Outpatient Pediatric Social Work consult
- Follow-up appointment scheduled with PCP and appropriate specialist within 48 hours or the next business day available.
- If no PCP, follow up with Logan Health Children’s Primary Care

Admission Criteria

- Suspected physical abuse in patient ≤ 1 year old
- Injuries warrant admission
- CPS unable to arrange immediate safety plan

Transfer Center (844) 378-8701 or (406) 751-8999