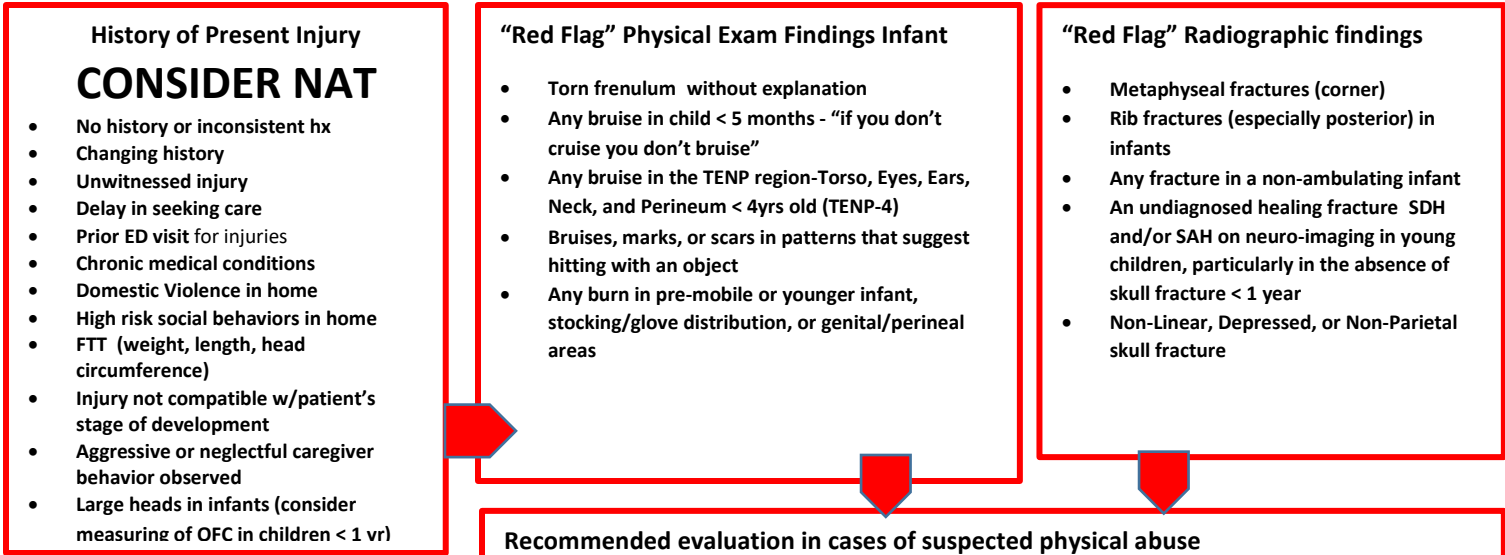


NON-ACCIDENTAL TRAUMA (NAT) SCREENING and MANAGEMENT GUIDELINE



WORK UP

<p>Laboratory</p> <ul style="list-style-type: none"> • CBC; PT/PTT/INR; D-Dimer • (if concern of low/falling Hgb, repeat in am with retic) • CMP • Lipase • Urinalysis – Dip, send for microscopic - Urine pregnancy in girls ≥8 • Tox Screen 	<p>FRACTURES PRESENT:</p> <ul style="list-style-type: none"> • Phos • PTH • Vit D 25-OH
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<p>Radiology</p> <ul style="list-style-type: none"> • Skeletal survey for < 2 years old (with 2 week follow up) within 24 hours of admission (Do not hold in ED for completion) • Head CT (non-contrast with 3D reconstruction) if < 6 months of age and other findings of abuse. Bruising to face or head injuries AND < 12 months of age. Neurologic symptoms < 12 months of age (including soft symptoms such as vomiting, fussiness); Elevated D-Dimer 	<ul style="list-style-type: none"> • Abdominal CT if <ul style="list-style-type: none"> ○ S/Sx of abdominal trauma ○ ALT or AST if twice normal ○ Elevated Lipase
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<p>Consults</p> <ul style="list-style-type: none"> • Trauma • Pediatrics / PICU 	<ul style="list-style-type: none"> • Social Work • Pediatric Forensics 	<ul style="list-style-type: none"> • Child Life 	<ul style="list-style-type: none"> • SAFE team for patients suspected of sexual assault
<ul style="list-style-type: none"> ○ Report to Child Protective Services if: Injuries are severe and above diagnosis is clear cut and/or There are other young children in the same home CPS NUMBER 800-442-4918 ○ Additional Consults may be warranted as dictated by injuries (consider Ortho, Neurosurgery, ENT, etc.) 			

Disposition

- If any suspicion of NAT has been raised during the ED encounter, a face-to-face care team "huddle" must take place to clarify details of the encounter. All members involved in the patient's care should participate including (at a minimum) the ED physician, ED RN and SW
- Patients will admit to complete work up and obtain full consultations
- PICU admissions to be considered when altered mental status, skull fractures, intracranial bleeds are identified
- Prior to hospital discharge: care team "huddle" including all members involved in the patient's care. Phone communication between may be utilized as necessary.

Communication

- Inform parents if a CPS Referral has been filed and/or if Child Advocacy is consulted.
- Be direct and objective. Inform parents inflicted trauma is part of diagnostic consideration.
- Keep the focus on the child.
- Avoid appearing judgmental. Assure parents of thoroughness of evaluation.
- If you are unable to have this conversation with the parents, ask SWS or a senior colleague to do so.