MEDICAL EVALUATION FOR CONCERNS OF CHILD ABUSE OR NEGLECT

POLICY: Medical evaluations for concerns of child abuse and neglect will be provided in a consistent and effective manner. When there is reasonable cause to believe that a child has suffered abuse or neglect, a report will be made to Child Protective Services (CPS). (Refer to Clinical P&Ps: Child Abuse and Neglect, Sexual Assault Emergency Medical Evaluation: Child, Adult & Adolescent, Making a Child Protective Services (CPS) Report, Children’s Protection Team (CPT), Staff Roles & Responsibilities When Assessing & Reporting Concerns of Child Abuse or Neglect, and RCW 26.44)

PURPOSE: Describes the procedures for practitioners for completing medical evaluations of child abuse and neglect concerns.

PROCEDURE:

A. History
   1. Include a detailed history:
      a. The informants and other sources of information (specify what information is from which sources)
      b. How the injury allegedly happened (with direct quotes when possible)
      c. Date
      d. Time
      e. Place
      f. Sequence of events
      g. People present at the time of injury and after
      h. Time lag before medical attention was sought
      i. Other pertinent information
   2. If possible, interview each adult separately
   3. Interview the child (if over age 3-4) separately
   4. Document statements and informants non-verbal behaviors

B. Physical exam
   With a complete physical examination, special attention needs to be given to:
   1. Bruises: record size, shape, position, color, swelling, tenderness, and if they resemble any patterns, (e.g. strap marks, grab marks or blunt instruments). It is best to record skin injuries in text, body diagram, and photograph
   2. Signs of occult trauma: Closely examine: oral cavity, external ear and eardrums, scalp and genitals.
   3. Skeletal injury: Palpate all bones and test all joints for full range of motion
   4. Retinal Hemorrhage: Examine fundi with ophthalmoscope; if head injury is suspected, consult ophthalmology for detailed eye exam
   5. Growth and development: Plot height and weight percentiles; if child is underweight, explore the diet history. Obtain and plot OFC (head circumference) for children under age 3 years (see Clinical P&P, Weighing and Measuring Length/Height and OFC in Children).
C. **Skeletal Survey**

1. For children under 2-3 years with evidence of physical trauma, including burns:
   - Obtain a skeletal survey. Clinical findings of a fracture may be absent and often disappear in 6 to 7 days even without orthopedic care. Many injuries (e.g. rib fractures) are clinically occult or cause non-focal fussiness. X-ray findings usually last 2 to 6 months after an injury. Approximately 10% of babies with nutritional deprivation also have skeletal injuries. However, isolated neglect or sexual abuse are less likely to be associated with fractures. (Refer to Clinical P&P, *Skeletal Surveys Ordered in Evaluation of Child Abuse/Neglect*).

2. For children over 2-3 years with physical trauma:
   - X-ray individual sites where there are skeletal symptoms or signs such as bone tenderness, limp, or limited use or range of motion, or history of same.

3. Follow up films in 1-1/2 to 2 weeks – this can identify calcification of any subperiosteal bleeding or non-displaced fractures or ephiphyseal separations and aid timing injuries.

4. If the skeletal survey is negative, and concern for occult fracture remains, and the child’s immediate safety plan would change if fractures were identified, obtain scintigraphy (nuclear scan).

D. **Bleeding Disorder Screen**

1. Bleeding tests are not required if the bruises are confined to the buttocks or resemble weapons or handprints, or when one adult admits hitting or was observed to hit the child.

2. The main indications for coagulation screening are:
   - a. **Non-specific** bruises
   - b. Non-patterned petechiae
   - c. Isolated central nervous system or visceral bleeding with a parent or child history of "easy bleeding/bruisability"
   - d. Lacerations and abrasions are more likely to be caused by normal accidents, than abuse. Although bruises also result from normal trauma, they are more common inflicted injuries.

3. Screen includes:
   - a. Platelet count
   - b. Platelet function study
   - c. Partial thromboplastin time
   - d. Prothrombin time
   - e. Fibrinogen level
   - f. Thrombin time
   - g. For infants under 6 months, document vitamin K administration or lack of it in the neonatal period
   - h. Tests for Von Willebrand’s Disease in indicated cases
   - i. Consult Hematology if strong suspicion of coagulation disorder

E. **Additional Laboratory Studies**

   Obtaining acute and serial laboratory studies can be critical in documenting the extent of injury. Depending on the type of assault, different studies are indicated. If any studies are abnormal, follow serially:

1. Serial CBCs and reticulocyte counts are appropriate in any injury with possible blood loss or internal bleeding.

2. Hepatic and pancreatic cellular enzymes should be obtained serially for questions of abdominal injury, as well as an initial screening BUN/Creatinine & Urinalysis.
3. In cases with extensive bruising, check urine myoglobin and CPK/aldolase;
4. If intoxication is in the differential:
   a. Obtain urine and blood for hospital toxicology screen;
   b. Obtain serial blood levels on specific toxins, such as methadone
   c. Consult the Washington State Toxicology Lab for information and guidance for specific forensic toxicology tests
5. In the malnourished or possibly dehydrated child check initial electrolytes, BUN/Creatinine, albumin, pre-albumin, carotene as well as any other specific, suspected deficiencies

F. Sexual Abuse Exam
1. The genital exam in males and females is a part of every general physical exam, and should be included whenever physical abuse is suspected
2. If there is either a specific report by the child of sexual contact, or another person witnessed sexual abuse, and the alleged assailant is not a peer or young child, or if there are abnormal findings on a screening exam, a sexual abuse exam should be performed
3. A sexual abuse exam may be emergent (if injury or sexual contact within past 72 hours or acute symptoms are present) or a scheduled exam. If scheduled, this exam should be done by an expert, attending level examiner
4. Emergency sexual assault exams will be done according to Protocol (Refer to Clinical P&P Sexual Assault Emergency Medical Evaluation: Child, Adult & Adolescent)

G. Color Photographs
1. Photographs are valuable for documentation, review, and testimony
2. Good quality photographs are mandatory if an expert witness, who has not examined the child, is to participate later as a consultant or render opinions about possible abuse (refer to Clinical P&P, Medical Photography).
3. If criminal action is anticipated, photographs by a law enforcement photographer may be required (refer to Clinical P&P, Notifying Law Enforcement to Investigate Cases of Suspected Child Abuse/Neglect).
4. Call law enforcement to involve forensic dentistry for bite marks
5. Other conditions, such as poor hygiene and malnutrition, benefit from photo documentation

H. Behavior Screening
1. The child may have primary behaviors that make the child more difficult to live with and thus more prone to abuse (negativism, hyperactivity). Other behaviors may be secondary to abusive treatment (fearfulness and depression). (Refer to Clinical P&P, Child Abuse and Neglect, Appendix: Indicators and Dynamics of Child Abuse and Neglect).
2. Observe the child's behavior, discuss, and make referrals for in-depth assessment if indicated

I. Developmental Screening
1. Obtain a developmental history to determine the child's motor and verbal abilities. This assists in evaluating the history of injury
2. School reports are helpful in the assessment of the abused or neglected school age child.
3. Formal neuro-developmental consultation will be sought where screening suggests delays
J. Physical Examination of Siblings
   1. There is a significant chance that a sibling of a physically abused child has also been abused at the same time. Therefore, all siblings under the age of 12 years should be examined as soon as possible after identified abuse in a sibling.
   2. This medical exam may be by the child’s primary care provider. If that provider is unavailable, the medical exam of the sibling may be done by one of the Suspected Child Abuse and Neglect Consultants at their office site, or at the Children’s Emergency Department.
   3. Child Protective Services (CPS) can be helpful in making this possible, if parents have transportation or time problems, or refuse to cooperate.

K. Written Medical Report
   1. A typed or dictated child abuse evaluation medical report is essential for ongoing care and for decision making by Child Protective Services and to law enforcement. This report may be written by the medical or surgical attending, or by the SCAN (suspected child abuse or neglect) Medical Consultant. This report should be written in plain English, with explanations of medical terms, and should include:
      a. All sources of information
      b. History
      c. Physical
      d. Laboratory and x-ray results
      e. Medical conclusion summarized in non-technical terms
   2. Define:
      a. What the anatomic injuries are
      b. How they occurred--abuse or accident, defining your level of certainty, and how individual injuries may have occurred bio-mechanically
      c. When the injuries happened
      d. By history, who were the caretakers at the time injury occurred
   3. Include in the conclusion:
      a. The probable cause of the injury (accidental, non-accidental, or undetermined)
      b. The reason behind this conclusion
      c. A comment on the severity and/or prognosis of the present injury
      d. An estimate of the danger for serious repeated abuse

L. SCAN (Suspected Abuse or Neglect) Medical Consultants
   1. These consultants are physician specialists who can provide medical evaluations of abuse concerns. They are members of the Children’s Protection Team and are available 24 hours a day. They do not automatically become involved in cases of suspected abuse and/or neglect.
   2. If a SCAN medical consult is desired, the patient's attending physician or resident will request a consultation.
   3. SCAN attendings can be contacted by calling:
      a. Monday - Friday, 8:00 a.m. to 4:30 p.m, the Children’s Protection Program office at (206) 987-2194
      b. After 4:30 pm, nights, and weekends and holidays, the hospital switchboard at (206) 987-2000

Formerly Protection Program P&P, “Medical Evaluation.”
Medical Evaluation for Concerns of Child Abuse or Neglect

Originated by: Children’s Protection Team (Chair, Carol Jenkins Med)
Reviewed by: Children’s Protection Program Quality Advisory Committee (Co-Chairs: Ken Feldman, MD, and Carol Jenkins, Med)

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Additional Key Words: medical evaluation, child abuse, neglect, skeletal survey, sexual abuse, SCAN Consultant, Children’s Protection Program, medical photography, Child Protective Services, CPS