

# Trauma Center Practice Management Guideline

*Blank Children's Hospital (BCH)—Des Moines*

<b><i>Non-Accidental Trauma (NAT)</i></b>	
<b>PEDIATRIC</b> Practice Management Guideline	Effective: 04/2014
Contact: Trauma Medical Director/ Trauma Program Manager	Last Reviewed: 1/2021

Evaluation of children < 12 months or non-ambulatory with a skeletal fracture or other injury suspicious for abuse:

- Thorough history
- Head-to-toe physical assessment
- Social Services consultation
- Skeletal survey
- ALT/AST
- UA with micro
- Head CT
  - All children less than 12 months
  - Children with neurological abnormalities and/or external evidence of head injury (See AHT above)

Blood and urine (additional evaluation) as needed:

#### Urine & Serum Toxicology

- Concern for ingestion
- Evidence of neurologic abnormality (if head CT is obtained)
- Report of suspicion of substance abuse in caregiver by history or presentation

#### CBC, PT/PTT, VW Panel, Factor VIII & IX levels

- Intracranial hemorrhage (ICH) concerning for abusive head trauma
  - Diffuse ICH
  - ICH with mixed density blood
  - Bilateral SDH
  - ICH with altered mental status
  - ICH with no history of trauma
- Bruising concerning for inflicted injury
  - < 9 months of age
  - Non-ambulatory child
  - Location: buttocks, genitals, ears, hands, feet, torso
  - Patterned bruising
  - Extensive or clustered bruising
- Other injury associated with bleeding such as solid organ injury

#### Bone abnormality evaluation: Vit D 25, PTH, Alkaline Phosphatase, Calcium, Phosphorus levels

- Skeletal fracture concern for abuse
- Radiographic concern for osteopenia or metabolic bone disease

Consultation as indicated:

**Neurosurgical Consultation**

All patients with an open, depressed, or basilar skull fracture, pneumocephalus, or hemorrhage (IPH, EPH, SDH, SAH) or a GCS  $\leq$  13 must have a neurosurgical consultation prior to discharge from the hospital.

**Orthopedic Consultation**

Children < 12 months or non-ambulatory children with a long bone fracture must have orthopedic consultation prior to disposition from the ED.

**Ophthalmology Consultation**

Patient with ICH; also consider for injuries to the face/neck or eyes and eye findings concerning for genetic disorders. Ophthalmology may be consulted after admission/discharge.

**Palliative Care Consultation**

Consider for significant injuries/impairments with long-term consequences.

Diagnostic imaging (additional) as indicated:

**CT Abd/Pelvis with IV Contrast**

- Abnormal chest or abdominal exam
- Consider with > 10 RBCs per HPF on urinalysis
- ALT/AST > 80 mg/dl