Recommended Screening for Suspected Acute Child Physical Abuse

0-6 Months:

- Head CT without contrast (recommended in all)
- Skeletal survey
- Labs (CBC w/ diff, CMP, Lipase, PTT, PT, INR)
 - Consider CPK for extensive bruising or multisystem trauma
- Abdominal CT with IV contrast if:
 - AST or ALT greater than 80 U/L; Lipase greater than 100 U/L; and/or abdominal bruising/tenderness
- Rapid Urine Drug Screen (UDS)
 - o If UDS is positive, order confirmatory test from the original urine sample
- Report to CPS and/or law enforcement

7-12 Months:

- Skeletal survey
- Consider Head CT without contrast
 - o Indicated for skull fracture(s), bruising of the face/head, and/or altered mental status
- Labs (CBC w/ diff, CMP, Lipase, PTT, PT, INR)
 - Consider CPK for extensive bruising or multisystem trauma
- Abdominal CT with IV contrast if:
 - AST or ALT greater than 80 U/L; Lipase greater than 100 U/L; and/or abdominal bruising/tenderness
- Rapid Urine Drug Screen (UDS)
 - o If UDS is positive, order confirmatory test from the original urine sample
- Report to CPS and/or law enforcement

13-23 Months:

- Skeletal survey
- Consider Head CT without contrast
 - o Indicated for skull fracture(s), bruising of the face/head, and/or altered mental status
- Labs (CBC w/diff, CMP, Lipase, PTT, PT, INR)
 - Consider CPK for extensive bruising, multisystem trauma, forced position holding, or prolonged exercise as punishment
- Abdominal CT with IV contrast if:
 - AST or ALT greater than 80 U/L; Lipase greater than 100 U/L; and/or abdominal bruising/tenderness
- Rapid Urine Drug Screen (UDS)
 - o If UDS is positive, order confirmatory test from the original urine sample
- Report to CPS and/or law enforcement

24 Months – 4 Years:

- Labs (CBC w/ diff, CMP, Lipase, PTT, PT, INR)
 - Consider CPK for extensive bruising, multisystem trauma, forced position holding, or prolonged exercise as punishment
- Abdominal CT with IV contrast if:
 - AST or ALT greater than 80 U/L; Lipase greater than 100U/L; and/or abdominal bruising/tenderness
- Rapid Urine Drug Screen (UDS)
 - o If UDS is positive, order confirmatory test from the original urine sample
- Consider skeletal survey for burns, developmental delay, or extensive trauma
- Consider Head CT without contrast if bruising of the face/head and/or altered mental status
- Report to CPS and/or law enforcement

5 Years and Older:

- Labs (CBC w/ diff, CMP, Lipase, PTT, PT, INR)
 - Consider CPK for extensive bruising, multisystem trauma, forced position holding, or prolonged exercise as punishment
- Abdominal CT with IV contrast if:
 - o AST or ALT greater than 80 U/L; Lipase greater than 100 U/L; and/or abdominal bruising/tenderness
- Consider Rapid Urine Drug Screen (UDS) if altered mental status or reported drug exposure by caregivers
 - o If UDS is positive, order confirmatory test from the original urine sample
- Consider Head CT without contrast if altered mental status, significant head or face bruising
- Report to CPS and/or law enforcement

Consider transfer to a higher level of care for:

- Trauma team consult
- Child Abuse Pediatrics consult
- Sexual Assault Nurse Examiner (SANE) consult if evidence collection is indicated for suspected sexual abuse/assault
- If subconjunctival hemorrhage present OR intracranial hemorrhage is found, consult ophthalmology for a dilated fundoscopic examination

If an injury concerning for physical abuse is found through this screening, further evaluation by a child abuse pediatrics provider is highly recommended.

TEN-4-FACES-P

TEN-4-FACES-P is a validated screening tool used to identify injuries in children less than 4 years old that are highly concerning for physical abuse, and further medical work-up, as listed on the prior page, should be considered.



N: Neck (3)

4: Bruises in the TEN distribution in a child under 4 years old, or ANY bruise in an infant less than 4.99 months old



A: Angle of jaw (5)

C: Cheek (6)

E: Eye (eyelids) (7)

S: Subconjunctival hemorrhage (8)

P: Patterned bruising (9)











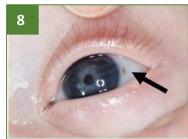




















Signs of Abusive Head Trauma (AHT; formerly known as Shaken Baby Syndrome)

- AHT is easily missed because it often presents with no visible external injuries
- AHT may present with 1 or more of the following:
 - o Bulging fontanelle and/or rapidly increasing head circumference
 - o Bruising or swelling of the face or head
 - o Poor feeding and/or persistent vomiting without other viral or medical symptoms
 - o Excessive crying or sleeplessness or lethargy
 - o Change in mental status or unresponsiveness, including brief
 - o Change in breathing or apnea, including brief and resolved

SANF#RD

Contact a Child Abuse Provider:

Child Abuse Referral and Evaluation (CARE) Clinic Sanford Health, Fargo, ND 701-234-4585 or 1-877-647-1225

Child's Voice Child Advocacy Center Sanford Health, Sioux Falls, SD 605-333-2226

Center for Safe and Healthy Children Hennepin County Medical Center Minneapolis, MN 800-424-4262 OR

University of MN Masonic Children's Hospital 612-273-7233

Midwest Children's Resource Center

Children's Hospital and Clinics of MN Minneapolis and St. Paul, MN 651-220-6750

This document does not substitute an expert medical evaluation, nor should it take the place of medical decision making. Please consult a medical provider with expertise in child abuse if a patient presents with injuries that are concerning for abuse.