Evaluating Child Abuse in the Emergency Department

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Disclosures/Conflicts

- I have no financial relationships with any commercial entity producing health-care related products or services
- This presentation contains graphic images of physical injuries
- The subject matter may be disturbing or upsetting to some listeners

OHSU Guidelines

- Evaluation of Pediatric Patients Referred for Possible Non-Accidental Trauma Guideline
 - Category: Pediatric Trauma
 - Revised 2022
 - Effective Date: 12/22/2022
 - All pediatric patients receiving care at OHSU/DCH hospital, ED, clinics

SCAN Team

- Suspected Child Abuse and Neglect Team
 - Two Child Abuse Pediatricians
 - Thomas Valvano, MD
 - Tam Grigsby, MD
 - Pediatric Nurse Practitioner
 - Noelle Nurre (weekend coverage only)
 - Social Worker
- Coming soon!
 - Amanda Scully, MD joins in July, 2024 as third CAP pediatrician

SCAN Team

- On call 24/7 (in person or by telephone)
- Smart Web → On Call → Child Abuse
- Order: IP CONSULT TO SCAN (IPCON00188)

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Do not need to order a consult to have a conversation

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 - High risk for Abusive Head Trauma during infancy

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 - Most inflicted fractures occur in infants

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- <6 months of age with bruising

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 - Accidental bruising is rare in young, nonmobile infants
 - Ten-4 FACESp Bruising Clinical Decision Rule
 - Torso, Ears, Neck in children ≤4 years old
 - Anywhere on infants ≤4 months old
 - Frenula, Angle of jaw, Cheeks, Eyelids, Subconjunctivae, patterned

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 - UDS now includes fentanyl (but can also order separately)
 - Get as much urine as possible!

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 - SANE and pSANE nurses available to assist with exam and evidence collection

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- Sexual abuse
- Neglect

- Any injury where child abuse is suspected
- DHS report made by referring medical facility

- Involve SCAN early:
 - Recommendations regarding lab tests and imaging studies
 - Decisions regarding mandatory reporting