Policy on Management of Bruising and Injuries in Non-Mobile Children

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Policy Reference:	**Date of Issue:** October 2016
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Lead Reviewer: DCI Vince McLaughlin	**Version:** 1.1
Ratified by: Child Protection Committee	**Date ratified:**
Planning for fairness: Yes/No	**Date EQIA:**

Distribution:

- GPs & GP sub group
- All Paediatric and Community Paediatric Staff
- Child Protection Advisors (Health)
- Integrated Family Teams, Highland Council
- Lead Nurse (Health) for Child Protection
- Emergency Department Staff
- Dental Staff
- CAMHS
- Dept of Radiology
- Dept of Dermatology
- Child Protection Committee Chair
- Health Visitors
- School Nurses
- Principal Nursing Officer, Highland Council
- Principal Social work Officer, Highland Council
- Principal Officer for Allied Health Professionals
- Audiology/ENT
- Dept of Surgery
- Dept of Anaesthesia
- Dept of Ophthalmology

Method			
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For official use:			

1. Introduction

This policy has been developed under the guidance of Highland's Child Protection Committee in response to a critical incident and significant case review.

It is designed to support all frontline staff in both a community and hospital setting to assess, describe and plan the management of a child who presents with bruising or other injuries and who is not yet independently mobile.

2. Definitions

Non-mobile: Includes all children aged under 6 months. Includes older children who are not yet crawling, bottom shuffling or pulling to stand, cruising around furniture or walking. Some children may roll at a young age but this policies applies to all those under 6 months, even if they are rolling.

Injuries: Includes burns, bruises, scalds, lacerations and fractured bones.

3. Importance of bruising in alerting staff to physical abuse

There is extensive research on bruising in children and it is the commonest presentation of physical abuse (1). In very young non-mobile children bruising is highly predictive of physical abuse (2). Staff working with children should have the knowledge and skills to be aware of when bruising is likely to be normal, when it is of concern and when it requires further investigation and referral to specialist services.

Systematic reviews of evidence show the following:

Bruising in non-mobile children is very unusual.

Only 1 in 5 infants who are starting to walk by holding onto furniture (cruising) has bruises.

Most children who can walk independently have bruises.

Non-accidental head injury or fractures can happen without bruises.

Features of concerning bruising include:

- Bruises in clusters.
- Bruises with petechiae.
- Bruises away from bony prominences i.e. on soft tissue areas such as cheek, buttocks, trunk etc.
- Bruises that carry the shape of a hand, ligature or implement.

4. Sources of further information

The following websites are useful sources of current research and up to date information on this topic:

CORE-Info: http://www.core-info.cardiff.ac.uk/reviews/bruising

NICE guidance 'When to suspect child maltreatment in under 18s': https://www.nice.org.uk/guidance/cg89

NSPCC: https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/physical-abuse/signs-symptoms-effects/

5. Medical Assessment of a non-mobile child with bruising

- Take a history for the bruise or injury. Document the explanation using the parent's own words.
- Ask about:
  - Other illness/concerns
  - Family history of bleeding/bruising
  - Child on the child protection register or is 'looked after' or has a social worker.
- Ask yourself:
  - Is there a delay in presentation?
  - Does the bruise or injury fit with the explanation given?
  - Does the bruise or injury fit with the child's stage of development?
- Look for any other injury by carrying out a top to toe examination.
- Document your findings on a body map with measurements.
- Keep parents updated.

If you see a bruise in a non-mobile baby, there should be a medical review on the same day unless it is agreed with social care (care and protection) that the medical can wait until the next day.

6. Getting further support and specialist help

In cases where a non-mobile child with a bruise is seen by staff, further advice must be sought.

During working hours:
Ask for the Consultant Paediatrician on-call for child protection via Raigmore Hospital Switchboard: **01463 704000**

Out of hours ask for the Consultant Paediatrician on call who covers child protection, and is available for advice and can be contacted by the number above.

Staff in integrated family teams can speak to a Child Protection Advisor for Health or their Practice Lead.

In the emergency department – all non-mobile children with bruises must be referred to paediatrics for review.

There must be a multiagency discussion involving at least social work (care and learning) and/or police for any non-mobile child with bruising or significant injuries and a standard child concern form generated.

APPROXIMATE DEVELOPMENTAL MILESTONES IN FIRST YEAR OF LIFE

1-4 weeks: Loves looking at faces, can fix and follow.

6 weeks: develops a social smile.

4-12 weeks: lifts head while lying prone, starts to roll.

3-5 months: reaches out for objects.

5 months: mouths all objects.

6 months: passes objects from one hand to another.

6-8 months: starts to sit without support.

6-9 months: starts trying to crawl.

9-11 months: learns to drop items.

10-18 months: learns to walk, very unsteady at first.

References
1. *Bruising in children who are assessed for suspected physical abuse.* **Kemp AM, Maguire SA, Nuttall D, Collins P, Dunstan F.** 2, 2014, Archives of Disease in Childhood., Vol. 99, pp. 108-113.

2. *Are there patterns of bruising in childhood which are diagnostic or suggestive of abuse?* **Maguire S, Mann MK, Sibert J, Kemp A.** 2, 2005, Archives of Disease in Childhood., Vol. 90, pp. 182-186.

A SICK CHILD SHOULD BE REFERRED IMMEDIATELY TO HOSPITAL

Signs of head trauma include:

- **abnormal drowsiness**
- **unusual eye movements**
- **vomiting or poor feeding**
- **fits**
- **apnoea (pauses in breathing)**

SUMMARY FLOWCHART

A non-mobile child presents to a health practitioner, GP or hospital and a bruise or concerning mark is seen.

A&E

Primary Care

Health Visitors

Hospital staff carry out assessment and initial treatment and involve Consultant Paediatrician on call at the earliest opportunity via Raigmore switchboard (01463 704000).

Parents to be kept updated.

Seek an explanation, examine top to toe and document all findings on body map.

Discuss with Care & Protection (Social Care) and arrange specialist paediatric assessment, agree if this can wait until the child can be seen in normal working hours.

Discuss with Care & Protection same day if child is stable.

Agree if child should be seen the same day or can wait to be seen in normal working hours or not. Arrange specialist paediatric assessment; agree if this can wait until the child can be seen in normal working hours.

Phone referral to Children's Social Care for multi-agency assessment and information sharing.

Submit a standard child concern form.

Explain to family the reason for referral to Consultant Paediatrician and Social Care.

Submit a standard child concern form.

Social worker or Police refers to Child Protection Consultant on call via Raigmore switchboard (01463 704000).

Parents to be kept updated.

Ensure child concern form completed.

Child is seen by on call Paediatrician for Child Protection (in hours) or on call Paediatrician (out of hours) and **child protection medical carried out.**
Parents to be kept updated.
Findings discussed with Social care and Police.

Joint plan for further action made before child is discharged home.

Ensure that GP, Health Visitor & Lead Professional (if applicable) have been informed and are aware of assessment and follow up plan.