

Suspected Child Abuse Tip Sheet

If your facility cannot perform the below tests or exams, please refer to a facility that is equipped to do so.

Please remember, per [NRS 432B.220](#), as a medical provider, you are a mandated reporter, and if you suspect child abuse and neglect, please report to your local child welfare agency and/or law enforcement.

- Clark County Department of Family Services: 702-399-0081
- Washoe County Human Services Agency: 833-900-7233
- Division of Child and Family Services (Rural Nevada): 833-571-1041
 - If unable to get through to the central line, a report can be made to the direct county:
 - Carson City 775-684-1930
 - Elko 775-753-1300
 - Ely 775-289-1640
 - Fallon 775-423-8566
 - Fernley 775-575-1844
 - Pahrump 775-727-8497
 - Winnemucca 775-623-6555
 - Yerington 775-463-3151

Think About Child Abuse/Neglect If:

1. History
 - No history of trauma or denial of trauma despite severe injury
 - Implausible history for the type or degree of injury or behavior that is developmentally improbable to have caused the injury
 - Delay in care that is unexplained or excessive
 - Injuries that are said to have occurred with in-home resuscitation
 - Caregiver histories that change or are conflicting
 - Severe injury that is blamed on the child, other children, or pets
 - Persistent and chronic vomiting with no diarrhea or fever and/or fussiness
2. Physical Exam
 - TEN-4 FACES P Bruising or petechiae or injuries to:
 - T - trunk
 - E - ears
 - N - neck
 - 4 - age 4 years or younger AND any bruising on a child less than 4 months
 - F - frenulum tears
 - A - auricular area
 - C - cheek
 - E - eyes
 - S - sclera-hemorrhages
 - P - patterned bruising or bruises of different ages
 - “Kids that don’t cruise rarely bruise”
 - Oral injuries:

- lip lacerations in non-ambulatory infants;
- lingual or frenulum tears especially in non-ambulatory infants;
- tongue lacerations in non-ambulatory infants;
- bruising or wounds of the buccal mucosa, gums, or palate in non-ambulatory infants;
- missing or fractured teeth with an implausible history
- Burn injuries:
 - scalds in children younger than 5 years that do not fit the pattern of an intentional spill;
 - cigarette burns;
 - immersion burns showing a sharp upper line of demarcation affecting both sides of the body symmetrically and/or the perineum and the lower extremities;
 - burns with a sharply demarcated edge
- Head injuries:
 - apnea or seizures on presentation
- Abdominal injuries:
 - abdominal tenderness, abdominal distension, enlarged liver or spleen, abdominal wall bruising

3. Radiology Findings

- metaphyseal corner (or bucket handle) fractures
- rib fractures
- sternum, scapula, or spinous process fractures
- long bone fracture in non-ambulatory infants
- multiple fractures in various stages of healing
- evidence of healed fractures without explanation
- bilateral acute long bone fractures
- digital fractures in a child under 36 months of age
- vertebral body fractures and subluxations without a history of high force trauma
- epiphyseal separations
- severe skull fractures (multiple, stellate, or depressed) in a child under 18 months of age
- any skull fracture other than one that is an isolated, unilateral, nondiastatic, linear, parietal skull fracture

If you have suspicions or there are any of the above findings contact your nearest pediatric specialty center that has expertise in caring for children with concern for abuse.

REFERENCES:

Physical Child Abuse: Recognition

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TEN-4 FACES P: A Mnemonic to Help You Spot Signs of Child Abuse

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