Physical Child Abuse Order Set Elements

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

If a patient's clinical condition precludes performing these studies/examinations immediately, they should be undertaken as soon as medically appropriate.

Laboratory Studies

- CBC with differential, CMP, lipase, urinalysis with microscopic, urine drug screen
 - All children less than 7 years of age;
 - · Children 7 years of age or older if clinically indicated
 - If fractures, add:
 - Ca, Mg, phos, alk phos, intact parathyroid hormone level, 25 hydroxyvitamin D
 - If bruising or intracranial hemorrhage, add:
 - vWF antigen and activity, PT and INR, PTT, Factor VIII level, and Factor IX level.
 - If intracranial hemorrhage add d-dimer and Factor XIII level, urine organic acids, and plasma amino acids
 - If male infant less than 6 months of age and a fracture, add:
 - serum copper and serum ceruloplasmin.
- Lab abnormalities should be evaluated in the context of the age of the child, the child's
 physiology and specialty consultation should be obtained for questions.

Commented [JF1]: Should we restrict this work up for only male kids with clinical features of Menkes Disease (sparsy, kinky hair, calvarial wormian bones, anterior rib flaring, failure to thrive, developmental delay) rather than all less than 6 months old?

"Copper deficiency is not likely to be observed in full term children younger than 6 months of age or preterm infants younger than 2.5 months of age"

Ophthalmology Exam

- Ophthalmology Exam for all children less than 5 years of age within 24 to 72 hours.
- Ophthalmology Exam for children 5 years of age or older as clinically indicated

Imaging Studies

- All children less than 24 months of age:
 - o skeletal survey 21 view
- Children age 2-6 years:
 - skeletal survey 21 view if neurological impairment, distracting injury, or highly suspicious index fracture
- Children less than 24 months of age who are asymptomatic but share a home with an abused child:
 - o skeletal survey 21 view
- Children over 2 years of age who are asymptomatic but share a home with an abused child:
 - o History, physical and imaging studies as indicated
- · Abdominal and pelvic CT with IV contrast (no oral contrast):
 - o any child who is symptomatic;
 - o a positive physical exam; or
 - a child that has hematuria with:
 - greater than or equal to 50 RBCs/HPF;
 - AST > 200;
 - ALT > 125, or
 - elevated lipase
- Head CT without contrast:
 - Child of any age with signs suggesting intracranial injury
 - All Infants < 6 months of age
 - Some studies recommend MRI of the brain if study can be done and interpreted in a few hours
 - Infants 6-12 months with external head injuries OR skull fracture OR skeletal fracture highly suggestive of abuse
 - In children with abnormal CT scan, MRI brain (to identify old bleeds) and MRI spine (to rule out ligamentous injuries or spinal subdural hemorrhage) should be done when safe to perform clinically.

Commented [JF2]: Should we add for all skeletal surveys in those with high suspicion of abuse, repeat 21 view skeletal survey in 2-3 weeks to detect minor fractures missed on initial radiographs?

Commented [JF3]: Should we add 3D reconstruction as a bullet?