

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
- 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.

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:
 - skeletal survey 21 view
- Children aged 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:
 - skeletal survey 21 view
- Children over 2 years of age who are asymptomatic but share a home with an abused child:
 - History, physical and imaging studies as indicated
- Abdominal and pelvic CT with IV contrast (no oral contrast):
 - any child who is symptomatic;
 - 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
 - If technically possible, add a 3D reconstruction
 - **In children with abnormal CT scan, a transfer to a more specialized hospital should occur**

Recommended Follow Up as Needed-if patient is not transferred out, please consider these suggestions for follow up:

- Add repeat skeletal 21 view in 2-3 weeks if any concern on initial X-Rays to check for potential healing fractures.
- Add serum copper and ceruloplasmin for any patients with concerns or features of Menkes Disease (sparsity, kinky hair, calvarial wormian bones, anterior rib flaring, failure to thrive, developmental delay).
- Follow up with hematologist/oncologist as appropriate.
- Follow up with ER with any worsening symptoms.
- Follow up with PCP within 1-2 weeks.