

### **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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