



**REFERRAL GUIDELINE**

<p><b>Child Safety Team</b></p>	<p><b>Possible Child Physical Abuse</b></p>
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<b>Background</b>	<p>Physical abuse of children is common but under recognized. Families often do not want the abuse to become known, believing they can protect the child or handle it without outside intervention. The abuse may consist of injuries, such as bruises, burns, broken bones, or bites.</p> <p>Children who remain in a physically abusive environment may be re-injured or killed. In addition to the injuries, physically abused children can suffer long-term and life-long emotional and physical health consequences from their abuse.</p>	
<b>Initial Evaluation</b>	<ul style="list-style-type: none"> <li>• What has the child said about possible abuse? And, to whom has child disclosed?</li> <li>• Whom is the family concerned about as possibly abusing the child?</li> <li>• Are there exam findings? Are there acute or healing injuries?             <ul style="list-style-type: none"> <li>○ Describe bruising that is concerning – age of child, location, size (see reference)</li> <li>○ If possible, document skin injuries with photographs</li> </ul> </li> </ul>	
<b>Initial Management</b>	<ol style="list-style-type: none"> <li>1. Report concerns about possible abuse to CPS (state mandated)</li> <li>2. Consider labs/x-rays; can consult with Child Safety Team provider on call to determine type of tests, timing, and which medical facility the studies should be performed in. (See references)+</li> </ol>	
<b>Pre-Visit Work Up</b>	<ul style="list-style-type: none"> <li>• Send office visit note, including information about CPS report</li> <li>• Send demographic information so that we can contact family; confirm phone numbers</li> </ul>	
<b>When to Refer</b>	<p>As above – when the provider or the family has concerns for abuse</p> <p>Clinical concerns:</p> <ul style="list-style-type: none"> <li>• Any bruising in nonambulatory infants</li> <li>• Infants/toddlers with midshaft or femur fractures</li> <li>• History of trauma does not explain severity of injury</li> <li>• Severe head or abdominal injury, not sustained in MVC</li> </ul>	
<b>Co-management Strategy (as appropriate)</b>	<p><b>Specialist scope of care</b></p> <p>Diagnostic work up            Rule out other medical conditions            Coordinate with investigative agencies            Referral to counseling            Court testimony</p>	<p><b>Primary care scope of care</b></p> <p>Follow up to assure healing of injuries            Follow through with counseling services</p>
<b>Return to Primary Care Endpoint</b>	<p>Immediately for routine care</p> <p>Long term for sequelae of abuse: monitoring of growth, development, social functioning and academic performance</p>	
<b>Guidelines Referenced</b>	<p><a href="http://pediatrics.aappublications.org/content/135/5/e1337">http://pediatrics.aappublications.org/content/135/5/e1337</a></p>	