Disclaimer: This clinical pathway is provided as a general guideline for use by Licensed Independent Provider’s (LIPs) in planning care and treatment of patients. It is not intended to be and does not establish a standard of care. Each patient’s care is individualized according to specific needs.

**ACH Trauma**  
**Infant (≤ 12 Months) Skeletal Injury**

- All children ≤ 12 months with a skeletal injury (including skull fracture) will have the following:
  - Head to toe physical assessment
  - Complete Skeletal Survey
  - Physician on-call for Team for Children at Risk (TCAR) 24/7 if questions on work-up

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  - Contact orthopedics for long bone, hands/feet, and clavicle fractures
  - Contact NSGY for skull fractures
  - Contact service on call for “Spine Trauma” for spine fractures
  - Consult SW (ED or unit) for "Injury Prevention Evaluation". Notify social work separately if medical evaluation leads to a suspicion of abuse

- Obtain LFT’s, Lipase if:
  - *Abuse suspected* from initial work-up
  - Abdominal bruising, distension or symptoms of injury (pain, vomiting, etc.)
  - Contact surgery if clinical concern for abdominal trauma, AST/ALT levels > 80 mg/dl, hematuria or any elevation in lipase

- Obtain Head CT (non-contrast with 3D recon) if:
  - Skull fracture
  - Rib fracture(s)
  - Neurologic deficits
  - Skin injury of head and/or neck

- Consult Trauma/Surgery for all admissions to evaluate the injured child
  - If injuries require admission for surgical specialty care, admit to appropriate service
  - If injuries do not require admission to surgical service, then admission may be to the Peds team for further evaluation/ care pending safety evaluation
  - Admit team ensures work-up above has been completed in ED
  - Child abuse hotline report is made if anyone on the care team deems such referral necessary
  - Child abuse hotline report does not mandate admission (social work can request safety disposition from ED if needed)

- **Routine Admission Orders if abuse is suspected or cannot be ruled out:**
  - Consult (TCAR)
  - IF bruising, petechiae or intracranial hemorrhage obtain PT/PTT and platelets
  - IF intracranial hemorrhage, consult Ophthalmology
  - IF multiple fractures or demineralization on plain film, obtain Calcium, Phos, Alk Phos
  - IF diffuse ICH/brain injury on CT or RH on eye exam, consider MRI brain/spine
  - IF child has had a seizure, obtain urine toxicology
  - Other labs & x-rays should be directed by collaboration with Admitting service, Trauma service & TCAR

- PCP receives ED H&P and/or hospital discharge summary with discharge instructions
- TCAR communicates follow-up needs to DHS if taken into custody

*Abuse Suspected* to a level of concern to warrant hotline report (this is not a complete list of indications):
- History for fracture is absent or inconsistent
- Additional injuries found unaccounted for by history of event
- Bruising/skin injury inconsistent with history or devel of child
- Witnessed event of abuse
- Absence of obvious medical cause for the findings
- Neglect (delay in seeking care, failure to supervise, etc.)
Revision Notes

- Trauma Council Approval: 2020