

Infant (≤ 12 Months) Skeletal Injury Pathway

(Arkansas Children's Hospital-revised 2017)

All children ≤ 12 months with a skeletal injury (including skull fracture) will have the following:

- Head to toe physical assessment
- Complete Skeletal Survey

Consult Social Work (ED or unit) for "Injury Prevention Evaluation"
(notify social work separately if medical evaluation leads to a suspicion of abuse)

Physician on-call for Team for Children at Risk (TCAR) 24-7 if questions on work-up

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

Obtain LFT's, Lipase, and bag UA 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 $>80\text{mg/dl}$, 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.
- Child abuse hotline report is made if anyone on the care team deems such referral necessary.
- Admit team ensures work-up above has been completed in ED
- 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 Team for Children at Risk (TCAR)
- PT/PTT, platelets **if** bruising, petechiae or intracranial hemorrhage
- Ophthalmology consult if intracranial hemorrhage
- Calcium, Phos, Alk Phos **if** multiple fx's or demineralization on plain film
- Consider MRI brain/spine if diffuse ICH/brain injury on CT or RH on eye exam
- Urine toxicology, if child has had a seizure
- Other labs & x-rays should be directed by collaboration with Admitting service, Trauma service & TCAR

***Abuse suspected* = Level of concern to warrant hotline report:**

- 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....)

This is not a complete list of indications for a hotline report

PCP receives ED H&P and/or hospital DC summary, with DC instructions.

TCAR communicates follow up needs to DHS if taken into custody.