

CPP/CPC Recommended Outpatient Management of Suspected Abuse



1. Injury Suspicious for Child Physical Abuse

- Bruising: any in a non-mobile child, neck, ears, trunk <4yrs;
- Subconjunctival hemorrhages; Petechial in suspicious location/pattern
- Burns concerning for inflicted (in pattern / submersion line)
- Marks c/w patterned injury

2. Take history, document, confirm.

- Gather history of the injury: “Can you tell me about this mark?”
- Take pictures using Haiku app. “I want to get a picture of this mark now because sometimes these change and I want to get a picture to record how it looks today.”
- Let family know you need to talk to some colleagues and will be back.
- Confirm nature of injury and concern with a colleague (in person or on haiku photo).
- “Bias check” – would I be making this report if patient was a different race, gender id, language preference, economic status, etc?

3. Call Social Work and CPP to formulate plan.

- For an acute injury that doesn't need ER (>2yo) or for ambiguous injuries, consider evaluation in CPP clinic if available.

4. Discuss Concerns with Family

- Keep calm. Keep it general and non-accusatory. Describe what was seen on exam, that it is not typical to see that type of injury and you need to do more evaluation.
- Use appropriate language resources.
- Tell exact steps of what will happen, including DHS report, ER visit and what will happen there, and/or CPT visit and what will happen there.
- Sample scripts:
 - Your child will be evaluated by the Child Protection Team, the Team that specializes in injuries to children.
 - We are required to make a report to DHS. They will reach out to you and may come to your home to ask you questions about what happened.
 - “To me this looks like a bruise and babies shouldn't have that type of bruise.”

5. Making a Report and Documentation

- Making a report:
 - People doing intake don't have medical background
 - Describe using precise language that can trigger certain evaluations, eg, “I am calling for concern about injury to a 2 year old child.” Or “Bruises not consistent with story and concern for injury in an infant”
 - Take ID# of person you make report to
- Documentation
 - Use exact quotes when able and appropriate
 - No editorializing (positive or negative), use unbiased language
 - Don't include a ddx for the marks and don't make an assessment of the injury
 - Name who you consulted
 - Include who made the report and ID# of intake line, photos, and plan