

Paediatric Assessment OutcomePatient Name: H&C: Patient DOB: Date/Time of Admission:

Clinical Medical Findings:

Explanation Provided by carers (if any):

Investigations Carried out and results:

Detail Medical Opinions provided:-

Medical Opinion (Responsible Consultant Paediatrician) on Clinical Findings: My professional medical opinion based on the information available at this time is that on examination: - (*delete as appropriate and circle which opinion applies)

Circle	Opinion
0	No clinical findings seen
1	Clinical findings are consistent with a medical diagnosis (please specify).
2	Clinical findings consistent with an accidental cause considered, explanation given or another unexplained cause. Whilst physical abuse remains a possible cause of such clinical findings it is thought more likely than not that they are due to the accidental cause considered or another unexplained cause – Multi-disciplinary discussion must take place which includes enquiry and exchange of information with children's social services and nursing staff
3	Clinical findings are consistent with abuse but also consistent with an accidental cause considered, explanation given or another unexplained cause. It is not possible to say which is the more likely cause – referral to children's social services is indicated
4	Whilst another cause either explained or unexplained remains a possible cause of such clinical findings they are more likely than not due to abuse – referral to children's social services is indicated
5	Clinical findings are consistent with abuse and inconsistent with another cause considered. – referral to children's social services is indicated

BRUISING/ MARKS (WHICH COULD BE DUE TO INJURY) ON PRE-MOBILE BABIES

Date of Final Multi-disciplinary Discussion (if applicable):

Those involved in discussion: (Name & Job Title)

Relevant Factors Discussed in Medical History/Social History/Developmental Stage:

Agreed Outcome:

Responsible Consultant Signature:

Date & Time:

Copy to: Please Tick Referrer

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GP

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HV

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SW

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