

**Guidance for Paediatricians on management of isolated sub conjunctival haemorrhage (SCH) in babies referred for Paediatric Assessment under SBNI Protocol for Bruising or Marks which could be due to Injury (PMB Protocol) when SCH first noted between 2-14 days of age**

SCH is a common birth injury. It usually resolves by Day 14. It may not be detected within the first few days as infants do not open their eyes well. On occasion it may not have been documented either by a professional or in family photos. It can also be seen as a result of physical abuse at any age.

If isolated SCH is noted by a health professional for the first time between 2-14 days of age and the health professional cannot exclude birth injury as the cause they should refer for assessment under the PMB protocol, having first contacted the senior paediatrician.

**The referring health professional should have completed an initial assessment as below prior to initiating PMB Protocol:-**

- PCHR/EPIC checked to see if SCH documented as birth injury/Body Map.
- If not documented parent/carer asked when SCH first noticed.
- Parent/carer asked if family photographs taken within 14 days of birth show SCH (this would count as documentation).
- Top to toe examination (as per role) to look for any other injuries.
- Established that baby is well with no other health concerns and no other history of bleeding/bruising.
- Advice sought from senior colleagues/SCNS/Manager/Clinical Lead as needed.

The following is guidance on decision-making for the senior paediatrician.

**Isolated SCH not documented previously in a well pre mobile baby:-**

**Senior paediatrician assesses under PMB Protocol - decide how likely is SCH to be due to birth injury or not: -**

- Does the parent/carer give any explanation for SCH?
- What was the mode of delivery? Was it precipitate/prolonged or traumatic?
- When did the parent/carer say they first noted the SCH?
- Is there any relevant social history or safeguarding concerns?
- What is the description of SCH? Size, location
- Any history of prolonged bleeding from umbilical stump? Bleeding from nose or bleeding from mouth?
- Top to toe examination to look for any other injuries.

Having considered above information/examination does Senior Paediatrician consider birth injury is the most likely cause of SCH?

**Yes**

Judgement decision made by Senior paediatrician (discussed with Consultant Paediatrician) that SCH most likely due to birth injury so PMB Protocol stood down – Consultant Paediatrician to complete PMB Protocol Outcome form

**No**

Proceed to complete Paediatric assessment as per PMB Protocol

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

**Paediatric Assessment Outcome**

Patient 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 Options provided:

**Medical Option (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 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 – Multidisciplinary discussion must take place which includes enquiry and exchange of information which 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 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 social services is indicated

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Clinical findings are consistent with abuse and inconsistent with another cause considered – referral to social services is indicated

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

Date of Final Multi-disciplinary Discussion:

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**

☐

**GP**

☐

**HV**

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**SW**

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