

Paediatric Assessment Guide

- Clear medical diagnosis- investigations as appropriate.
- Carers give an explanation felt to be entirely consistent with the injury, there are no other safeguarding concerns for risk of physical abuse arising from multi-disciplinary discussion (including enquiry and exchange of information with children's social services) - **no NAI investigations required**.
- Carers give an explanation that may be consistent with the injury. There are additional safeguarding concerns for risk of physical abuse arising from multi-disciplinary discussion or professional concern about the validity of the explanation - refer to children's social services. **Full NAI investigations required**. Strategy meeting should take place after preliminary investigations are completed. In such cases efforts should be made to discuss with (or have the infant reviewed by) a Safeguarding Paediatrician* even if no abnormalities on full NAI investigations. If a Safeguarding Paediatrician not available then the case must be discussed with (or the infant reviewed by) a second Consultant Paediatric colleague.
- Carers give no explanation but during history/assessment Paediatrician considers an accidental cause which in their opinion could be consistent with the injury – paediatrician reviews relevant equipment (either directly or photos of this). In such cases efforts should be made to discuss with (or have the infant reviewed by) a Safeguarding Paediatrician*. If a Safeguarding Paediatrician not available then the case must be discussed with (or the infant reviewed by) a second Consultant Paediatric colleague. Multi-disciplinary discussion (including enquiry and exchange of information with children's social services) must take place. If both Paediatricians agree that, the cause suggested by the Paediatrician is consistent with the injury and there are no other safeguarding concerns for risk of physical abuse arising from multi-disciplinary discussion – **no NAI investigations required**. If the Safeguarding Paediatrician (or second Consultant) opinion is that there is a child protection concern in this case then referral must be made to children's social services. **Full NAI investigations required**. Strategy meeting should take place after preliminary investigations are completed.
- No accidental explanation consistent with the injury given by carers or forthcoming during history /Paediatric assessment. Refer to children's social services - **Full NAI investigation required** - In such cases efforts should be made to discuss with (or have the infant reviewed by) a Safeguarding Paediatrician* even if no abnormalities on full NAI investigations. If a Safeguarding Paediatrician not available then the case must be discussed with (or the infant reviewed by) a second Consultant Paediatric colleague. Strategy meeting should take place after preliminary investigations are completed.
- Carers give an explanation not consistent with the injury. Refer to children's social services - **Full NAI investigations required**. Strategy meeting should take place after preliminary investigations are completed.

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Whilst Paediatric middle grade or above with relevant Level 3 plus child protection competencies- *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019*) can carry out initial assessment all cases must be discussed with (or reviewed) by a Consultant Paediatrician before they can be discharged. The Consultant Paediatrician should sign off the outcome form.

- **Photographic documentation of any bruise or marks to be done in all cases as soon as possible either by medical photographer (if available) or on ward camera as per local arrangements.**

Full NAI investigations:- Refer to RCPCH Child Protection Companion/PCOUK

- Bloods - 1st line Investigations for clotting disorder - FBP, coag, VWF, Factor 8
- Consider 2nd line investigations depending on nature of bruising- discuss with haematology
- Radiological Investigations- Refer to: *The radiological investigation of suspected physical abuse in children – revised edition November 2018*
https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr174_suspected_physical_abuse.pdf
- [If skeletal survey is required parents should be given the Regional leaflet and this should be documented in the medical notes.](#)
- Ophthalmology assessment as in-patient if possible or within next few days

Definition: - Safeguarding Paediatrician*- Named Paediatrician, Designated Doctor or other Consultant with Special Interest in Safeguarding in the Department.

Remember - At any stage, medical staff can consult with the Named Paediatrician or Designated Doctor regarding further action.

In pre- mobile babies for whom the nature of the injury clearly suggests physical abuse from the outset or at any subsequent stage SBNI Regional Core Policies and Procedures should be initiated with immediate telephone referral to children's social services and completion of a UNOCINI referral form within 24 hours (unless otherwise directed by Social Services). In such cases, the PMB Protocol is stood down and SBNI Regional Core Policies and Procedures commenced. In such cases (as per *Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland March 2018*) joint paediatric forensic medical assessment should take place with the Consultant Paediatrician and FMO.