

Time lapse between occurrence of injury and initiation of treatment

Interview with child when appropriate, including verbal quotations and information from drawing or other play activities

Interview with parent, witnesses, and other significant persons, including verbal quotations

Description of parent–child interactions (verbal interactions, eye contact, touching, parental concern)

Name, age, and condition of other children in home (if possible)

Physical Examination

Location, size, shape, and color of bruises; approximate location, size, and shape on drawing of body outline

Distinguishing characteristics, such as a bruise in the shape of a hand or a round burn (possibly caused by cigarette)

Symmetry or asymmetry of injury; presence of other injuries

Degree of pain; any bone tenderness

Evidence of past injuries; general state of health and hygiene

Developmental level of child; screening test (see [Developmental Assessment, Chapter 3](#))

Support the Child

Children suspected of being abused are often hospitalized for medical management of their injuries and to allow further assessment of their safety needs. The needs of these children are the same as those of any hospitalized child. The child should be treated as a child with the usual physical needs, developmental tasks, and play interests—not as a victim of abuse. The goal of the nurse–child relationship is to provide a role model for the parents in helping them to relate positively and constructively to their child and to foster a therapeutic environment for the child in his or her reprieve