

NON-ACCIDENTAL TRAUMA/ABUSE

ALL PROVIDERS

- ☐ Scene and patient management
 - Contact Law Enforcement if someone on scene is a threat to themselves or others.
 - Separate any possible assailants, including parents, from the patient.
 - Remove patient from the stressful environment and remove any possible weapons.
 - Non-accidental trauma includes any act of commission or omission that results in harm to a person's physical, developmental, or emotional state.
- ☐ Focused history and physical exam
 - Blood glucose, temperature and oxygen saturation assessment.
 - Always consider the possibility of abuse when evaluating any medical condition or trauma.
- ☐ Continuous cardiac monitor, ETCO₂, and pulse oximetry, when available.
- ☐ **Treatment Plan**
 - Suspect: Look for suspicious circumstances or actions from patient or caregiver
 - Listen to and document circumstances of the event.
 - Evaluate the environment in which you find the patient.
 - Protect: Be the patient advocate
 - Make all efforts to remove patient from the situation.
 - Respect: Communicate appropriately with family
 - Avoid confrontation with caregivers.
 - Be nonjudgmental and avoid accusations.
 - Consider law enforcement assistance.
 - Collect: Provide good documentation of incident.
 - Document using direct quotation when possible. Describe the scene rather than interpret it.
Example: "garbage on floor, spoiled food on counter" is more helpful than "dirty apartment."
 - Document objectively without speculation.
 - HIPAA-compliant photography may be considered for documentation.
 - Report: You have the responsibility to report suspected child or elder abuse and neglect to **law enforcement or the Division of Family Services. 1-855-323-DCFS (3237)**
- ☐ **Key Considerations**
 - Non-accidental trauma, abuse, or neglect can occur in patients of any age and in all ethnic and socio-economic groups.
 - TEN-4 Rule. For children 4 and younger bruising to the Torso, around the Ears or the Neck needs to be reported. Additionally, any bruising in a baby not yet pulling up or taking steps is highly suspicious.
 - Risk factors include children under age of 5, the elderly, drug or alcohol abuse, and a history of domestic violence.
 - In children under the age of two the most common form of child abuse is **Abusive Head Injury (AHI)**. Mortality of AHI is 25%. For those that live, there is significant morbidity, usually associated with traumatic brain injury.
 - Do not directly engage a hostile patient, parent, assailant or perpetrator. If situation becomes unsafe for EMS personnel, call for police assistance.
 - If anxious or agitated, attempt non-pharmacological options to calm a patient. Consider pain and anxiety management per the *Pain and Anxiety Management Guideline*.