

Suspected Child Abuse	
Sources	No BCH EBG; CHOP clinical pathway
Presentation	<p><b>Skeletal injuries</b></p> <ul style="list-style-type: none"> <li>• Long bones: epiphyseal/metaphyseal fracture seen as “bucket handle” or “corner fracture” at the end of long bones, spiral fractures</li> <li>• Ribs: posterior nondisplaced rib fractures due to squeezing of the rib cage (may not be visible on plain film until callus formation)</li> <li>• Skull: fractures &gt;3mm wide, complex fractures, bilateral fractures, non-parietal fractures. These suggest forces greater than those sustained from minor household trauma</li> </ul> <p><b>Bruises</b></p> <ul style="list-style-type: none"> <li>• Unusual/protected areas (chest, abdomen, back, buttocks)</li> <li>• Patterned</li> <li>• Multiple bruises or bruises in different stages of healing, do not fit the history and developmental stage</li> </ul> <p><b>Burns</b></p> <ul style="list-style-type: none"> <li>• Multiple burn sites</li> <li>• Well-demarcated edges</li> <li>• Stocking/glove distributions</li> <li>• Absence of splash marks</li> <li>• Symmetrically burned buttocks or lower legs</li> </ul> <p><b>Head trauma</b></p> <ul style="list-style-type: none"> <li>• Subdural hematomas</li> <li>• Retinal hemorrhages</li> <li>• Skull fractures (see above)</li> </ul>
Workup	<ul style="list-style-type: none"> <li>• Consult CPT, Social Work</li> <li>• Skeletal survey (&lt;2yo)</li> <li>• Noncontrast head CT: good for intracranial hemorrhage and skull fractures</li> <li>• Brain MRI: If asymptomatic</li> <li>• Dilated indirect ophthalmoscopy exam for retinal hemorrhages</li> <li>• Bone health labs (if fractures): Ca, Mg, Phos, Alk Phos, intact PTH, 25 Hydroxyvitamin D</li> <li>• Bleeding disorders labs (if bruising/bleeds): PT/PTT, consider vWF, Factor VIII, IX</li> </ul>

Syncope	
Differential	<ul style="list-style-type: none"> <li>• Common conditions <ul style="list-style-type: none"> <li>■ Vasovagal</li> <li>■ Breath holding spells</li> <li>■ Orthostatic hypotension</li> <li>■ Toxic exposure</li> </ul> </li> <li>• Life-threatening <ul style="list-style-type: none"> <li>■ Arrhythmias: ventricular arrhythmias, long QT syndrome (LQTS), Brugada syndrome, catecholaminergic polymorphic ventricular tachycardia (CPVT), congenital short QT syndrome, pre-excitation syndromes such as WPW (which can lead to SVT with a rapid ventricular response)</li> <li>■ Structural: hypertrophic cardiomyopathy, severe aortic stenosis, coronary artery anomalies, arrhythmogenic right ventricular cardiomyopathy (ARVC), dilated cardiomyopathy</li> <li>■ Acute myocarditis</li> <li>■ Pulmonary hypertension</li> <li>■ Vasovagal (neurocardiogenic)</li> <li>■ Heat illness</li> <li>■ Anaphylaxis</li> </ul> </li> <li>• Other: hypoglycemia, SVT, bradycardia, POTS</li> </ul>
Workup	<ul style="list-style-type: none"> <li>• History and physical exam <ul style="list-style-type: none"> <li>■ Precipitating factors: exercise, acute arousal, postural change, pain or emotion for</li> <li>■ Description of event</li> <li>■ Past medical history</li> <li>■ Family history of early cardiac death (&lt;50 years), arrhythmias, cardiomyopathy, sudden drownings or unexplained car accidents</li> <li>■ Exam: orthostatic vitals</li> </ul> </li> </ul>