

III. TREATMENT PROTOCOLS



FOR ALL TREATMENT PROTOCOLS, THE LETTER AND NUMERICAL OUTLINE FORMAT IS STRICTLY FOR RAPID AND UNIFORM REFERENCE AND DOES NOT IMPLY OR DIRECT A MANDATORY SEQUENCE FOR PATIENT CARE.

HOWEVER, THE GENERAL PATIENT CARE SECTION AND THE ALGORITHMS DO HAVE A SPECIFIC SEQUENCE TO BE FOLLOWED.

A. ABUSE/NEGLECT



ALL HEALTH CARE CLINICIANS ARE OBLIGATED BY LAW TO REPORT CASES OF SUSPECTED CHILD OR VULNERABLE ADULT ABUSE OR NEGLECT TO EITHER THE LOCAL POLICE OR SOCIAL SERVICE AGENCIES. DO NOT INITIATE REPORT IN FRONT OF THE PATIENT, PARENT, OR CAREGIVER.

DO NOT CONFRONT OR BECOME HOSTILE TO THE PARENT OR CAREGIVER.

1. Inclusion Criteria

The patient may present with patterned burns or injuries suggesting intentional infliction, such as injuries in varying stages of healing, injuries scattered over multiple areas of the body, fractures, or injuries inconsistent with stated cause of injury. The patient, parent, or caregiver may respond inappropriately to the situation. Malnutrition or extreme lack of cleanliness of the patient or environment may indicate neglect. Signs of increased intracranial pressure (bulging fontanel and altered mental status in an infant) may also be seen.



2. Treatment

- a) Stabilize injuries according to protocol.
- b) Discourage patient from washing if sexual abuse is suspected.
- c) Document the following information on the PCR:
 - (1) All verbatim statements made by the patient, the parent, or caregiver shall be placed in quotation marks, including statements made about the manner of the injuries.
 - (2) Any abnormal behavior of the patient, parent, and/or caregiver
 - (3) The condition of the environment and other residents present

A. ABUSE/NEGLECT (Continued)

- (4) The time the police/welfare agency was notified and the name of the person notified
- (5) The name of the receiving health care clinician (RN, PA, MD) and any statements made
- d) Treat injuries according to presentation.