

Purpose of NAT pathway: To provide guidelines for the work-up and evaluation of children suspected of non-accidental trauma.

Include in pathway (Patients must be any of these):

- Suspected non-accidental trauma or neglect including non-penetrating head injury or closed skull fracture, unusual or suspicious fractures or other bodily injuries that do not seem to match the reported mechanism of injury.
- Patients on a CPS hold who are being evaluated or treated for non-accidental trauma.
(All patients must have a Glasgow coma scale of 13 or above, be hemodynamically stable, and require monitoring)

Exclude from the pathway (Patients with any of these):

- History of prior intracranial surgery
- Deterioration of neurological status
- Glasgow coma scale of less than 13
- PICU admit
- Patients with significant co-morbid conditions

Patients should be considered for removal from the pathway if:

- They are transferred to PICU
- They are transferred to Rehab
- They experience significant deterioration in condition

Criteria for Admission (Patient may have any of these):

- Suspected child abuse or neglect, *including*:
 1. Head trauma requiring observation or monitoring
 2. Suspicious fractures requiring more extensive diagnostic evaluation(s)
- Other unexplained injuries requiring diagnostic evaluation and acute care monitoring
- Suspected medical neglect - evaluation of failure to thrive or drug endangerment

Criteria for Discharge:

- Stable neurological status
- Coma scale of 15 and stable neurological status (based on child's pre-injury functional ability)
- Pain controlled by oral or rectal analgesics
- Tolerating diet without nausea or vomiting
- Family or designated care provider verbalizes and demonstrates understanding of discharge instructions and care of patient.
- CPS or law enforcement clearance prior to discharge

Background Information:

The different types of child abuse/neglect can be categorized as follows:

Sexual abuse is the victimization of a child by sexual activities, including molestation, indecent exposure, fondling, rape and child pornography.

Physical abuse is bodily injury inflicted by other than accidental means on a child, including willful cruelty, unjustifiable punishment or corporal punishment resulting in injury.

Emotional abuse is nonphysical mistreatment, resulting in disturbed behavior by the child, such as severe withdrawal or hyperactivity. Emotional abuse includes willfully causing any child to suffer, inflicting mental suffering, or endangering a child's emotional well-being.

General neglect is the negligent failure of a parent/guardian or caretaker to provide adequate food, clothing, shelter, or supervision.

Medical neglect refers to those situations of neglect where the child's health is endangered, including severe malnutrition and noncompliance with medical advice.

Exploitation means forcing or coercing a child into performing activities that are beyond the child's capabilities or which are illegal or degrading, including sexual exploitation, child pornography or prostitution.

A history of prematurity, disability, domestic violence (including inter-partner), drug/alcohol abuse and increased family stress, places a child at a higher risk for abuse/neglect. All mandated reporters should observe parental interaction and be especially vigilant for s/s of parental drug or alcohol abuse, domestic violence and other stressors within the family. Observations should be documented and reported to a CHCC social worker and/or Child Advocacy MD or Child Advocacy Nurse.

Goals:

1. Accurate identification of children suffering from non-accidental trauma or neglect with referral to CPS as indicated.
2. Assistance with a safe and appropriate post-discharge placement of child.
3. Ensure that parents, foster parents or care providers have a thorough understanding of medical needs of the child upon discharge.
4. Ensure appropriate medical follow-up of child.

Weight:

Allergies:

Time/
Date:

Patient/Family Teaching

- Discharge teaching to include the following instructions:
 1. Watch for signs of altered mental status or deterioration, including behavioral changes.
 2. Look for confusion, agitation, lethargy, increasing headache, nausea or vomiting.
 3. No strenuous activity, sports or rough play until cleared by the doctor.
 4. For problems, questions or concerns, contact the physician's office immediately.
 5. Schedule follow-up appointment with primary care physician in one week.

Physician's Signature: _____ Date: ____/____/____ Time: _____

Suspected Non-Accidental Trauma

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Patient Label

0032



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Physician's Order Sheet

Suspected Non-Accidental Trauma Pathway

DATE	PROCEDURE AND TREATMENTS	DONE	DATE	X-RAY	DONE	DATE	LABORATORY	DONE
	<ul style="list-style-type: none"> Notify MD/NP immediately for any deterioration in GCS or neurological status (i.e., decrease in GCS by 2). Notify MD/NP if pain unrelieved by ordered analgesic. Notify MD/NP of any persistent emesis despite metoclopramide. Assess for development delays, regressed behavior, cultural or religious diversity, knowledge and language barriers. 							
	<p>Education:</p> <p>Patient/Family Teaching</p> <ul style="list-style-type: none"> Discharge teaching to include the following instructions: <ol style="list-style-type: none"> 1. Watch for signs of altered mental status or deterioration, including behavioral changes 2. Look for confusion, agitation, lethargy, increasing headache, nausea or vomiting. 3. No strenuous activity, sports or rough play until cleared by the doctor. 4. For problems, questions or concerns, contact the physician's office immediately. 5. Schedule follow-up appointment with primary care physician in one week. 							
				CT:				
				U/S:				
				MRI:				
				EKG/ECHO:				
				EEG/BAER:			PHC FILED:	
				CPR			HB @ _____ NBS DONE _____	
	RESPIRATORY THERAPY <i>O₂ as needed to maintain O₂ sat > 92%</i>		SPECIAL INFORMATION					
			ISOLATION: <i>Standard</i>					
	BRIEF HISTORY:		Estimated length of stay =					
			EDUCATIONAL NEEDS:					
	T.P.R. <i>routine</i> B/P <i>routine</i>	Date	ASSESSMENT:			REFERRALS/CONSULTS:		
	PAIN: <i>routine</i>		Accurate I & O <i>every shift</i>					
	ACTIVITY: <i>as tolerated for age</i>		GUIAC					
	WEIGHT: SCALE:		S/A	pH	S.G.	PHONE:		
	NEURO <i>for head injury pts.: hourly neuro checks times 4, if stable neuro checks every 2 hrs x 4, if stable then neuro checks every 4 hrs.</i>		CIRCUM.			D.O.B.		
			H&B elevated 15-30° if head injury			DX: <i>Non-accidental trauma</i>		

Interdisciplinary Patient/Family Learning Evaluation

Initial Patient/Family Learner Assessment

A learning evaluation is done with each initial teaching intervention for each learner. Teaching interventions should be documented in an ongoing manner with ongoing assessment and evaluation of readiness to learn, barriers to learning, and learning outcomes. Use your department or topic specific Interdisciplinary Patient/Family Education Documentation forms for ongoing patient/parent/family education documentation. Use this form for the initial assessment of a learner and keep this form with the ongoing patient/family education documentation forms.

Initial Learner Evaluation (assess one or multiple learners)			
1. _____ Date _____ (Pt./Primary care giver)	2. _____ Date _____ learner	3. _____ Date _____ learner	4. _____ Date _____ learner
Prior Knowledge of Plan of Care or care needs: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> Other _____	Prior Knowledge of Plan of Care or care needs: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> Other _____	Prior Knowledge of Plan of Care or care needs: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> Other _____	Prior Knowledge of Plan of Care or care needs: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> Other _____
Primary Language: check <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong Other _____ <input type="checkbox"/> Writes <input type="checkbox"/> Reads	Primary Language: check <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong Other _____ <input type="checkbox"/> Writes <input type="checkbox"/> Reads	Primary Language: check <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong Other _____ <input type="checkbox"/> Writes <input type="checkbox"/> Reads	Primary Language: check <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong Other _____ <input type="checkbox"/> Writes <input type="checkbox"/> Reads
Readiness to learn: check <input type="checkbox"/> Asking pertinent questions <input type="checkbox"/> Actively Listening <input type="checkbox"/> Unreceptive <input type="checkbox"/> No interest demonstrated <input type="checkbox"/> Distracted	Readiness to learn: check <input type="checkbox"/> Asking pertinent questions <input type="checkbox"/> Actively Listening <input type="checkbox"/> Unreceptive <input type="checkbox"/> No interest demonstrated <input type="checkbox"/> Distracted	Readiness to learn: check <input type="checkbox"/> Asking pertinent questions <input type="checkbox"/> Actively Listening <input type="checkbox"/> Unreceptive <input type="checkbox"/> No interest demonstrated <input type="checkbox"/> Distracted	Readiness to learn: check <input type="checkbox"/> Asking pertinent questions <input type="checkbox"/> Actively Listening <input type="checkbox"/> Unreceptive <input type="checkbox"/> No interest demonstrated <input type="checkbox"/> Distracted
Barriers to learning: check <input type="checkbox"/> No barriers <input type="checkbox"/> Low literacy or Edu level <input type="checkbox"/> Cultural <input type="checkbox"/> Language <input type="checkbox"/> Visual, hearing, speaking <input type="checkbox"/> Religious, spiritual <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Motivation <input type="checkbox"/> Pain or fatigue <input type="checkbox"/> Other _____ Accommodation: <input type="checkbox"/> Interpreter <input type="checkbox"/> Audio <input type="checkbox"/> Visuals <input type="checkbox"/> Handouts <input type="checkbox"/> Explanations <input type="checkbox"/> Demonstrations <input type="checkbox"/> Other	Barriers to learning: check <input type="checkbox"/> No barriers <input type="checkbox"/> Low literacy or Edu level <input type="checkbox"/> Cultural <input type="checkbox"/> Language <input type="checkbox"/> Visual, hearing, speaking <input type="checkbox"/> Religious, spiritual <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Motivation <input type="checkbox"/> Pain or fatigue <input type="checkbox"/> Other _____ Accommodation: <input type="checkbox"/> Interpreter <input type="checkbox"/> Audio <input type="checkbox"/> Visuals <input type="checkbox"/> Handouts <input type="checkbox"/> Explanations <input type="checkbox"/> Demonstrations <input type="checkbox"/> Other	Barriers to learning: check <input type="checkbox"/> No barriers <input type="checkbox"/> Low literacy or Edu level <input type="checkbox"/> Cultural <input type="checkbox"/> Language <input type="checkbox"/> Visual, hearing, speaking <input type="checkbox"/> Religious, spiritual <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Motivation <input type="checkbox"/> Pain or fatigue <input type="checkbox"/> Other _____ Accommodation: <input type="checkbox"/> Interpreter <input type="checkbox"/> Audio <input type="checkbox"/> Visuals <input type="checkbox"/> Handouts <input type="checkbox"/> Explanations <input type="checkbox"/> Demonstrations <input type="checkbox"/> Other	Barriers to learning: check <input type="checkbox"/> No barriers <input type="checkbox"/> Low literacy or Edu level <input type="checkbox"/> Cultural <input type="checkbox"/> Language <input type="checkbox"/> Visual, hearing, speaking <input type="checkbox"/> Religious, spiritual <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Motivation <input type="checkbox"/> Pain or fatigue <input type="checkbox"/> Other _____ Accommodation: <input type="checkbox"/> Interpreter <input type="checkbox"/> Audio <input type="checkbox"/> Visuals <input type="checkbox"/> Handouts <input type="checkbox"/> Explanations <input type="checkbox"/> Demonstrations <input type="checkbox"/> Other
Learning Preferences: <input type="checkbox"/> Demonstration <input type="checkbox"/> Written handouts <input type="checkbox"/> Verbal or audio <input type="checkbox"/> Video or TV <input type="checkbox"/> Hands on <input type="checkbox"/> Other _____	Learning Preferences: <input type="checkbox"/> Demonstration <input type="checkbox"/> Written handouts <input type="checkbox"/> Verbal or audio <input type="checkbox"/> Video or TV <input type="checkbox"/> Hands on <input type="checkbox"/> Other _____	Learning Preferences: <input type="checkbox"/> Demonstration <input type="checkbox"/> Written handouts <input type="checkbox"/> Verbal or audio <input type="checkbox"/> Video or TV <input type="checkbox"/> Hands on <input type="checkbox"/> Other _____	Learning Preferences: <input type="checkbox"/> Demonstration <input type="checkbox"/> Written handouts <input type="checkbox"/> Verbal or audio <input type="checkbox"/> Video or TV <input type="checkbox"/> Hands on <input type="checkbox"/> Other _____
Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____
Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____

Patient Label

0006



pathway



Patient/Family Learner Assessment

Discharge Sheet

For Hospital Use Only

Dictation: 1-800-411-1001 (#963)

D/S Job #: _____

Discharge sheet FAXed to PCP _____
initial/date

Follow-up appointment SCHEDULED with PCP _____
initial/date

Patient's Name _____

Admission Date: _____

Discharge Date: _____

Dx: Suspected Non-accidental Trauma

Hospital Course

Complications during hospitalization: PICU dates: _____

Discharge Condition: _____

Discharge weight: _____

Head circumference: _____

Instruction to Patient

Activity: No one should smoke near patient. Avoid all other exposure to smoke (including fireplace and barbeque.)

Diet: Regular diet for age

Medications: See Medication Reconciliation Form

Additional instructions: _____

Signed: _____ MD/DO _____

Signature of Parent or Guardian

Attending Physician

Attending Resident

Primary Care Physician

City

Suspected Non-Accidental Trauma page 1 of 2

Patient Label

0083



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Children's
Hospital
Central California 

Discharge Instructions

Discharge Sheet

For Hospital Use Only

Dictation: 1-800-411-1001 (#963)

D/S Job #: _____

Discharge sheet FAXed to PCP _____
initial/date

Follow-up appointment SCHEDULED with PCP _____
initial/date

Child Discharged to:

_____ Parents

_____ CPS Social Worker (include name and county) _____

_____ Foster Parent (include name, address and phone #) _____

Consultants Involved:

	Follow-up Planned	Date Scheduled
_____ Child Advocacy (36735)	_____ weeks	_____
_____ Neurology	_____ weeks	_____
_____ Neurosurgery	_____ weeks	_____
_____ Ophthalmology	_____ weeks	_____
_____ Orthopaedics	_____ weeks	_____
_____ Trauma	_____ weeks	_____
_____ _____	_____ weeks	_____

Follow-up Labs/X-rays to be scheduled:

	Date Scheduled
_____ Repeat Skeletal Series	_____
_____ CT scan of head without contrast	_____
_____ CT scan of head with contrast	_____
_____ _____	_____

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Patient Label

0083



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Discharge Instructions