GUIDELINES FOR THE EVALUATION OF CHILDREN IN THE EMERGENCY DEPARTMENT SETTING

PHYSICAL ABUSE

When it is suspected that a child has been physically abused, it is critical that a referral be made to a physician/physician assistant/nurse practitioner with experience in the evaluation of child maltreatment. If such a person is not available, the child should be evaluated in the Emergency Department (ED) setting. In that case, a thorough physical examination should be performed in the Emergency Department.

A complete medical evaluation of suspected child abuse is very complex. Listed below are resources for consultation and referral for evaluation of suspected abuse. The listed centers can accept phone consultation or accept patients into their centers or emergency departments when necessary or appropriate.

We recommend the following initial approach:

1. Obtain and carefully document the history from each person accompanying the child, *out of the presence of the child.* Each caretaker should be interviewed separately, out of the presence of the other. Document who was present during the interview, who was present with the child during his or her interview and examination, as well as the affect of each person. Limit any interview of the child to questions pertinent to the examination. Do not ask the child questions related to child abuse in the presence of a parent/caretaker, as that individual may be a perpetrator. Be aware that children may not discuss abuse in the acute setting.
2. Completely examine the child, including the ears, the anogenital area, inside the mouth, between digits, etc. Document any lesions/injuries with photographs (permission not required, granted by VA State law – *Code of Virginia* § 63.2-1520) and drawings, being sure the site(s) of injury are clearly detailed in the documentation. Note the developmental stage of the child.
3. Comprehensive evaluation of child physical abuse may include the following: Head CT, obtained in cases with facial injury, multiple fractures and/or altered consciousness; skeletal survey for children under 2 years of age with suspicious injuries such as fractures, bruising or burns; do not use "babygrams" (i.e. whole-body x-rays) because of the high rate of false negatives; and laboratory evaluation including CBC, coagulation studies, liver function tests, and urinalysis.
4. If the complete medical record is available, review it for repeated visits due to injuries and other signs of possible maltreatment, regardless of whether a plausible explanation is given.
5. Do not discharge the child if there is any question about his/her safety, until a child protective services worker determines a safety plan. If discharging the child would place the child in imminent danger and a court order is not immediately obtainable, *Virginia Code* § 63.2-1517 (72 Hour Custody) states that "A physician or child-protective services worker of a local department or law-enforcement official investigating a report or complaint of abuse and neglect may take a child into custody for up to 72 hours without prior approval of parents or guardians."

After the ED evaluation, the child should be referred to a physician/licensed medical practitioner with experience in the evaluation of child maltreatment to ensure that the child's medical and mental health needs will be met. The referral physician/licensed medical practitioner should be immediately contacted and informed of the history and results of the initial examination.

SEXUAL ABUSE/ASSAULT

When it is suspected that a child has been sexually abused, it is critical that a referral should be made to a physician/physician assistant/nurse practitioner/Sexual Assault Nurse Examiner (SANE) with experience in the evaluation of child maltreatment. If this provider is available either within or outside the ED at the time of presentation, the child should be evaluated by this provider. If an expert is not available, the child should receive a screening exam in the ED that focuses on acute problems (e.g. trauma, vaginal discharge) and, if needed, evidence collection. Once this focused exam is completed and no acute management proves necessary, the child should be referred to a physician/licensed medical practitioner with experience in the evaluation of child maltreatment for full evaluation as soon as possible.

A complete medical evaluation of suspected sexual abuse is very complex. Listed below are resources for consultation and referral for evaluation of suspected abuse. The listed centers can accept phone consultation or accept patients into their emergency departments when necessary or appropriate.

We recommend the following approach to this screening evaluation:

1. Obtain as much information as possible from the parent or caregiver, *out of the presence of the child.* A detailed interview of the child should **not** be attempted. Be aware that children may be hesitant to answer questions regarding sexual abuse, especially if asked in the presence of the parent/caretaker. Document in detail the child's statements and affect during the interview and exam.
2. American Academy of Pediatrics' Guidelines for the Evaluation of Sexual Abuse of Children state that a Physical Evidence Recovery Kit (PERK) is most productive if performed within 72 hours of the alleged incident. (Note: Bedding and clothing can yield evidence several days post-assault.)
3. Testing for gonorrhea, chlamydia and trichonomas should be performed using NAAT tests, or cultures if NAATs are unavailable. Also test for RPR and HIV; test for other sexually transmitted infections as indicated by history. A pregnancy screen is indicated for adolescents. For updated guidelines on screening techniques see: www.cdc.gov.
4. **A speculum should NEVER be used on a prepubertal female.** If a speculum exam of a prepubertal child is warranted for any reason, the child should be examined under general anesthesia/conscious sedation. Do **not** presumptively treat STIs in prepubertal children until results are confirmed.
5. A child beyond infancy should not be physically restrained for the physical examination.
6. Documentation of the exam should use correct anatomic terminology (i.e., labia minora, hymen, posterior fourchette), with avoidance of vague or nondescriptive terms (i.e., introitus, intact hymen, vestibule).
7. **A NORMAL EXAM DOES NOT RULE OUT SEXUAL ABUSE/ASSAULT.**
8. After the ED evaluation, the child should be referred to a physician/licensed medical practitioner experienced in the evaluation of child maltreatment to ensure that the child's medical and mental health needs will be met. The practitioner examining the child in the ED should immediately contact the referral physician/licensed medical practitioner and inform him/her of the history and the results of the initial examination with a detailed description of any findings noted.

REPORTING

Reports can be made to your local Department of Social Services (DSS) or to the toll free hotline: (800) 552-7096.

The practitioner in the ED is mandated by Virginia law to report every case of suspected child abuse or neglect to the Department of Social Services (DSS). There is a child protective services worker on call for each jurisdiction in Virginia. If you need immediate assistance from a child protective services worker, request that the on-call worker contact you. Failure to report suspected child abuse or neglect can result in criminal prosecution. Law enforcement should also be contacted. The report to DSS and the plan of action should be documented in the child's medical record.

LIST OF REGIONAL CENTERS SPECIALIZING IN THE EVALUATION OF CHILD MALTREATMENT

Central Virginia
The Child Protection Team
MCV/VCU Children's Hospital of Richmond
Richmond, Virginia
Phone: (804) 828-7400 • FAX: (804) 828-1151

Southeastern Virginia
Child Abuse Program
Children's Hospital of The King's Daughters
Norfolk, Virginia
Phone: (757) 668-6100 • FAX: (757) 668-6109

Southwestern Virginia
Family Physicians of Bristol
East Tennessee State University
Bristol, Virginia
Phone: (423) 989-4050 • FAX: (423) 990-3045

Northern Virginia
Pediatric FACT Program
Inova Fairfax Hospital for Children
Fairfax, Virginia
Phone: (703) 776-3505 • FAX: (703) 776-3821

Western Virginia
Pediatric Hospital Medicine
Carilion Roanoke Memorial Hospital
Roanoke, Virginia
Phone: (540) 266-6344 • FAX: (540) 266-6350

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