

Clinical Guideline

**WATCh – NON-ACCIDENTAL INJURY (NAI)**

<b>SETTING</b>	Wales and West Acute Transport for Children (WATCh)
<b>FOR STAFF</b>	WATCh Team, South West and Wales District General Hospital medical and nursing teams.
<b>PATIENTS</b>	Infants and children referred to WATCh in relation to suspected or confirmed non-accidental injury.

**GUIDANCE**

**Child physical abuse is a form of abuse which may involve hitting, shaking, poisoning, burning /scalding, drowning, suffocating or fabricating and/or inducing illness. Professionals in particular need awareness that non-mobile babies and children cannot cause injury to themselves and therefore must be considered at significant risk of abuse. Professional judgement, discussion with peers and senior colleagues are encouraged throughout the safeguarding process.**

**This guidance is to be used alongside local South West and South Wales safeguarding procedures.**

- Abbreviations used :**  
**NAI- NON ACCIDENTAL INJURY**  
**CPP - CHILD PROTECTION PLAN**  
**CIN - CHILD IN NEED**  
**EHP - EARLY HELP PLAN**  
**TTL – TRAUMA TEAM LEADER**

RELATED DOCUMENTS	<a href="#">Suspected Non- Accidental Traumatic brain injury time line for investigations</a> <a href="#">UHBW Injuries in non-mobile babies</a> <a href="#">UHBW Safeguarding children procedures</a> <a href="#">WATCh Acute decreased level of consciousness</a>
AUTHORISING BODY	WATCh Governance Group
SAFETY	Call the WATCh or safeguarding team for advice and support
QUERIES	0300 0300 789

## NON-ACCIDENTAL INJURY (NAI)

HISTORY TAKING	INVESTIGATIONS
<p><b>DGH:</b> Record a detailed history of the reported mechanism of injury and consider whether it is plausible and consistent with the injury seen in relation to the developmental stage of the child.</p> <p><b>DGH:</b> Ensure a full health and social history is taken, (inclusive of siblings). This may include birth history, perinatal problems, vitamin K administration, umbilical cord bleeding, family history of bleeding disorders, immunisation status, current social situation, extended family involved in care, existing social care concern, already subject to a CPP, CIN or EHP, parental risk factors such as domestic violence, mental health concerns or substance misuse, repeated hospital visits/admissions, DNA appointments, poor school/nursery attendance, developmental milestones attainment, who was present at the time of the incident ( full names, DOB of any adults present).</p>	<p><b>On admission to DGH:</b></p> <ul style="list-style-type: none"> <li>• Ensure a body map is compiled.</li> <li>• Perform CT head and neck (if clinically required/appropriate to injury). CT images should be reviewed by neurosurgery. Unless time critical transfer is required, WATCH will undertake the transfer [<a href="#">hyperlink to Raised ICP guideline</a>].</li> <li>• Retain potential evidence e.g. clothing, bedding, nappies.</li> </ul> <p><b>Tests immediately required:</b></p> <ul style="list-style-type: none"> <li>• FBC + FILM/ CRP/ renal and liver function/ standard clotting.</li> <li>• If the child is going to receive clotting products, ensure an extended clotting screen is completed prior to administration. Obtain a 3-5ml blood sample, ask the local lab to <i>'spin down and store frozen plasma'</i> for future testing.</li> <li>• Blood, urine, CSF culture (if LP considered safe)</li> <li>• Plasma amino acids.</li> <li>• Urine organic acids.</li> <li>• Acylcarnitine profile.</li> <li>• Toxicology screen – (if transfer is required these samples can be processed at the accepting centre, ensure sample is correctly labelled and packaged for transfer)</li> </ul> <p><b>Within 24hrs of admission to the DGH ensure:</b></p> <ul style="list-style-type: none"> <li>• Full skeletal survey - within an x-ray department.</li> <li>• Metabolic Tests - only on basis of previous history, clinical findings, and abnormal investigations</li> <li>• Medical photography if required ( consent needs to be sought)</li> <li>• Ophthalmology review – fundoscopy and retinal photography (if available) Use short acting mydriatic agent (0.5% tropicamide) Caution this may mask signs of raised ICP.</li> </ul>
<p><b>SAFEGUARDING TEAM</b></p>	
<p>Ensure referrals have been made to the consultant community paediatrician, children's social care and/or police and the <b>referring DGH</b> safeguarding team.</p> <p><b>All non-mobile babies/children</b> presenting with an injury should be discussed with the local on call community paediatrician <b>regardless of plausible explanation.</b></p> <p>Ensure local safeguarding paperwork has been commenced, documenting all chronological events. Original copies to stay at DGH photocopies to travel with the child if transfer is required.</p>	
<p><b>REFERRAL</b></p>	
<p>All children referred to WATCH with suspected NAI should also be referred to the paediatric TTL:  <b>TTL Bristol: 0300 0300 789</b> (option 1)  <b>TTL Cardiff: 01633 293386</b></p>	