Non Accidental Injury

ALL THESE SITUATIONS REQUIRE URGENT CONSULTATION WITH A SENIOR DOCTOR IN SENIOR EMERGENCY DEPARTMENT/PAEDIATRICS.

Emergency Department SHOs are not expected to diagnose NAI or to confront parents but they are expected to be alert to the possibility and to report any suspicions to a doctor experienced in dealing with such cases.

If you suspect NAI, speak to a senior member of the Emergency Department staff or contact the Paediatric Registrar immediately. Make a meticulous record of the history and physical findings and tell the parents that you feel that you need a second opinion on their child.

Reasons for suspecting NAI* include -

- Abnormal patterns of injury, e.g. slap marks, cigarette burns, bite marks
- History inconsistent with type of injury e.g. # long bones in an infant unable to walk
- Unexplained injuries e.g. old bruises
- Delay in presentation
- Child brought to the Emergency Department by someone other than parent
- Abnormal behaviour in child e.g. withdrawn, poor rapport with parent
- Signs of physical neglect
- Frequent attendances

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*Don't forget that there is often an innocent explanation for suspicious situations and diseases (e.g. bleeding disorders) can mimic NAI.

METICULOUS NOTE KEEPING IS MANDATORY – DO NOT WRITE NAI/?NAI IN THE NOTES. PLEASE RECORD YOUR CONCERNS

***eg " I need an experienced opinion to confirm that the history given is consistent with the physical findings"* etc**

Reasons for suspecting Sexual Abuse include -

- Disclosure by child or other member of family
- Underage pregnancy
- Genital injury
- Sexually transmitted disease
- Precocious sexual behaviour
- Deliberate self harm/behaviour problems

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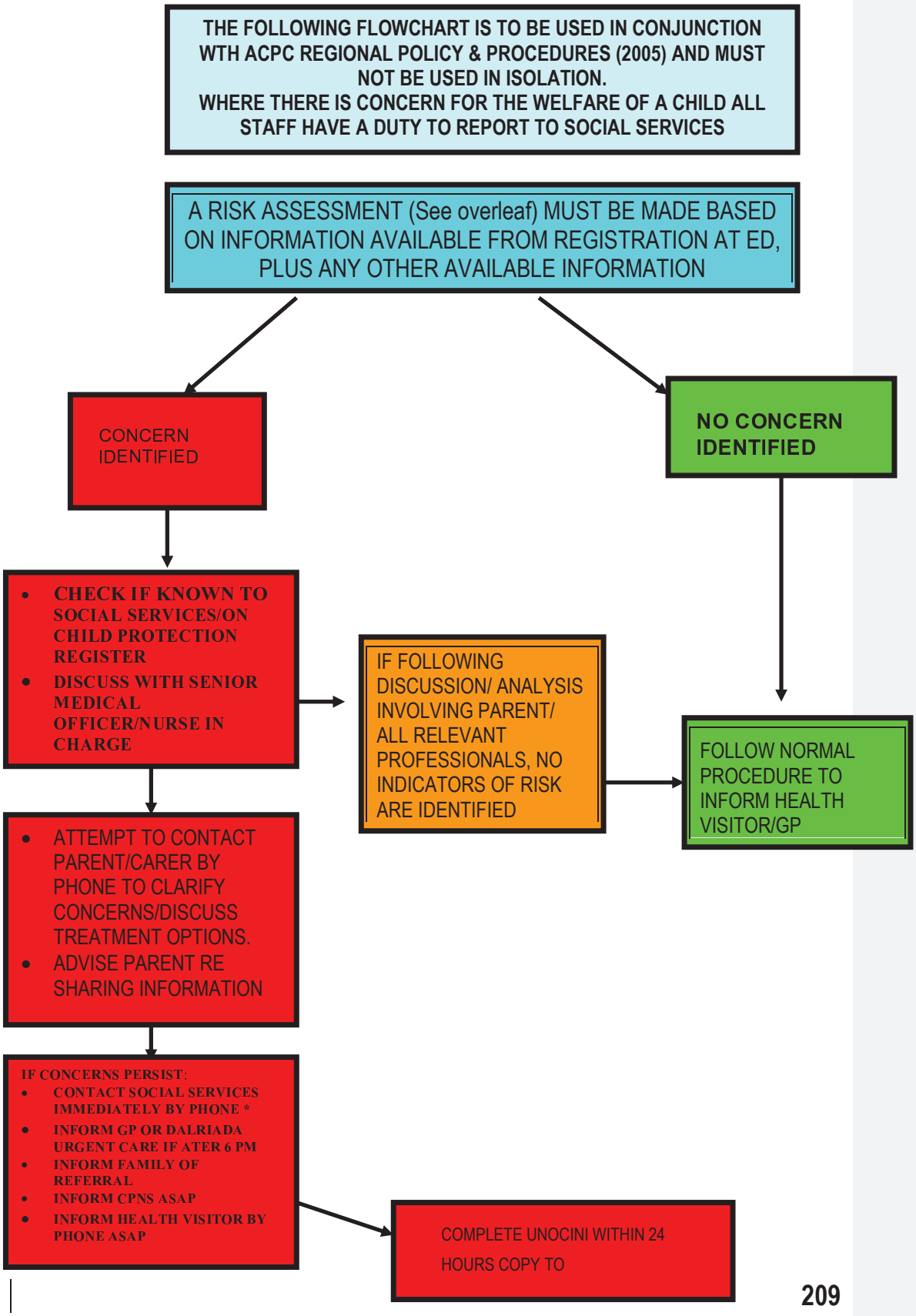
GUIDELINE for EMERGENCY DEPARTMENT (ED) STAFF WHEN A CHILD LEAVES WITHOUT BEING ASSESSED/TREATED