

Non-Accidental Trauma (NAT) Pathway

Presence of Concerning HISTORY for NAT

- Injury explanation is inconsistent with likely injury mechanism or developmental capabilities
- Explanation of injury is unknown or denied, changes with time or among witnesses
- · Delay in seeking care, domestic violence history, premature or medically complex child
- Previous CFS involvement or previous unexplained minor (sentinel) injury
- <6 months old without explanation for irritability, respiratory distress, vomiting, altered mental status, seizures, bruises or other injury – possible abusive head trauma (AHT)

Presence of Concerning INJURY for NAT

BRUISES "TEN-4 FACESp"

- Bruises on Torso (chest, abdomen, buttocks, genitalia), Ears, Neck
- Above bruise in a child ≤4
 years and ANY bruise in
 infant ≤4 months
- Bruises on Frenulum, Angle of jaw, Cheek, Eyelids, Sclera, Patterned bruises

BURNS/BITES

- Patterned burns
- Burns without splash marks, with sharp lines of demarcation
- Burns with suspicious areas of sparing
- Bite size not consistent with history

FRACTURES

- Ribs, especially posterior
- Classic metaphyseal lesion
- Unusual locations: scapular, sternal, vertebral fractures
- Midshaft humeral or femoral fracture in infant/toddler
- Multiple or healing fractures
- Any fracture in nonambulatory infant without adequate history







RECOMMENDED INITIAL EVALUATION:

Laboratory testing

- CBC/platelets, PT/INR/PTT, CMP, lipase, urinalysis
- If bruises: vWF antigen/activity, factors VIII & IX levels
- If fractures: Phos, 25-OH vitamin D, PTH
- If altered mental status: urine toxicology screen

Radiologic testing

- Skeletal survey if <2 yo, also obtain skeletal survey of any household contact <2 yo; consider in 2-3 yo, especially if developmental delays
- Abdominal CT (IV contrast) if AST or ALT >80, lipase >100, abdominal bruising, distension or pain
- Head CT (non contrast) if <6 mo; consider <12 mo especially if face/head bruising, neurologic symptoms/signs, skull fracture
- Must make plan to repeat skeletal survey in 2 weeks

Consultations

- Montana Child & Family Services Centralized Intake (866-820-5437)
- Ophthalmology examination if radiologic evidence of AHT