NHS
Greater Glasgow and Clyde

Child Protection Guidelines in Suspected Non-Accidental Head Injury (NAHI) in Children Under 2 years of age

May 2008

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Approved by:	Child Protection Forum
Date originally approved:	May 2006
Date for Review:	March 2014
Replaces previous version: [if applicable]	May 2008

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1. Introduction

The attached is a draft standardised process to be followed throughout NHSGG and Clyde. Accompanying this process flowchart is a summary of baseline assessments for all children under the age of two years with subdural haemorrhage.

Essential baseline assessment of an infant or young child with SDH

2. Multi-agency team members

General Paediatrician
Consultant paediatrician in child protection (compulsory)
Paediatric neurologist and/or neurosurgeon
Paediatric Radiologist and/or Neuroradiologist
Ophthalmologist with Paediatric experience
Police
Social Work
Ward Sister

3. Clinical History

Full paediatric case history
Full documentation of the interview with carers
Full documentation of all possible explanations for injury
Line of questioning to separate accidents from inflicted injury

Suggested line of questioning:

1. *Explanation of injury from all adult carers involved*
2. *Timing of injury*
3. *Distance involved in a fall (if relevant) together with details of the character of the impact surface*
4. *Details of the mechanism of injury described*
5. *Are there any eyewitnesses to the injury?*
6. *When was the child last well?*
7. *Details of timing and progressive symptoms in the child*

Factors that influence decision making:

1. *Has the history changed over time?*
2. *Are there different explanations of injury given*
3. *Is the explanation given compatible with the development of the child?*
4. *Has the history changed when related by other family members*
5. *Was the injury witnessed?*
6. *What is the demeanour of the care takers?*
7. *Always consider everything that can produce the clinical picture*

4. Social and Police History

Identify any previous child protection concerns, relevant criminal record of carers, risk factors – domestic violence, drug, alcohol, mental health problems, financial problems, parents abused as children.

5. Examination

Immediate

Thorough general examination

Documentation measurement and clinical photographs of any co-existing injuries

Physical assessment of the abdomen to exclude hidden intra abdominal injury

Monitor head circumference daily

6. Child Protection

A Consultant Paediatrician in Child Protection must be involved urgently i.e. immediately

7. Ophthalmology

An experienced paediatric Ophthalmologist to examine both eyes using indirect ophthalmology through dilated pupils The eye examination is Time Critical and should be completed within 24 hours of admission. Retinal photography should be carried out, if any abnormality is seen and a paediatric Consultant ophthalmologist should examine the child and provide opinion within a further 24- 48 hours. Indirect ophthalmoscopy on day one is required

8. Radiology

Initial cranial CT Scan before any intervention such as LP or CSF tap if at all possible. Cranial Ultrasound should be performed at the time of CT. MRI should be performed within 24 hours for complete baseline imaging.

Repeat neuroimaging at 7 and 14 days (MRI Scan preferable)

Discuss neuroimaging with Paediatric Radiologist and\or Neuroradiologist. Full skeletal survey within 24 hours if at all possible, even if the child is outwith RHSC e.g. inpatient at INS for neurosurgery.

Abdominal ultrasound if clinically required only.

9. Serology

Full blood count repeated over first 24-48 hours

Coagulation screen

Urea and electrolytes, liver function tests, blood cultures

10. Laboratory Investigations where SDH suspected

a. FBC repeated over first 24-48 hours
b. Coagulation screen. Further investigations to be discussed with Consultant Haematologist
c. Urea and electrolytes, liver function tests, serum amylase
d. Septic screen
e. Urine for toxicology and metabolic screen

Early strategy meeting of all agencies involved to come to a joint decision about the likely cause of SDH and appropriate line of management.

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