

Appendix C  
Non-accidental Trauma (NAT) Guideline

Signs of physical abuse

**TEN-4 rule:** injuries to Torso, Ears, Neck in children <4 yr old or any injury in infant <4 mo old

**\*Sentinel injuries:**

Pre-cruising infant with:

Single unexplained bruise, oral injury, minor burn or Nursemaid's elbow

**Red flag injuries:**

Any patient with injuries:

To multiple organ systems

Different stages of healing

Patterned

Significant and unexplained

With add'l evidence of neglect

Potential further work up

**Head CT or MRI:** <1yo with ANY suspicion for injury

>1 yo with any concern for head injury, neuro changes

**Skeletal survey:**

All patients <2yo

Any child with fracture

**Routine trauma labs:**

CMP, amylase/lipase, UA, CBC

Specific tests as recommended

Suspicion of abusive injury (e.g. sentinel injury\*, unwitnessed/no explanation, known/witnessed event– see full protocol)

**PROVIDE DETAILED DOCUMENTATION IN ED AND TRAUMA NOTE**

Acute injury

Chronic injury

1. Page trauma team: p5620
2. Page CCP<sup>†</sup>: if plan for discharge, page immediately; if planned admit and stable, can wait until am
3. Consult SW in ED
4. Check with SW that CPS report filed  
(You are a mandated reporter<sup>‡</sup>)

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*Per recommendations from CCP/trauma*

Admit patient to trauma  
Further work up as indicated

Discharge with out-pt. f/u  
Arrange CCP f/u prn

Admit patient to medicine  
Page CCP (if not done in ED)  
Further work up as indicated

<sup>†</sup>Note: CCP ≠ SAFE team. Do not call SAFE team for physical abuse cases. **Directly page: Crawford-Jakubiak p7948 or Gilgoff p1342**

<sup>‡</sup>Mandated reporter: persons who are required to report suspected child maltreatment. Includes *physicians, nurses, and other healthcare workers*. It is important to note that if **any** member of the team has reasonable concern for abuse, a report to CPS must be made, even if members of the team disagree.