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 non-ambulatory 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

For Pediatric Hospitalist consultation or transfer, call Community Referral Line: 406-327-4726