

LRI Emergency Department

Standard Operating Procedure for:

ED assessment of children aged under 2 years attending with fractures

Staff relevant to: ED medical and nursing staff

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Background

Fractures occur in up to 25% of physically abused children; 80% of these fractures are found in children under 18 months. Many abusive fractures are not clinically obvious unless x-rays are taken, especially in infants under two years. Fractures in this age group are associated with Non-Accidental Injury and neglect, especially in non-mobile infants.

Guidance

- All fractures in this age group need to be discussed with an ED senior (ST4+)
- The checklist (on next page) will help you and the ED senior to consider any relevant issues and to make a safe management plan for the child.
- You can print a crib sheet (page 4) before you see the child and use this later as the basis for your discussion with the ED senior.
- If, after considering the points on the checklist, the ED senior is happy that the injury is accidental the infant may be discharged from the ED.
- If the child is discharged from the ED an 'Children's Safeguarding Referral' must always be completed on ICE. If there are no concerns about the fracture after using the checklist this should be clearly recorded on the form. The safeguarding team will use the information to notify the child's health visitor about the attendance (NB: the Safeguarding Team will NOT inform social care if there are no concerns.) Completing the Children's Safeguarding referral is the joint responsibility of both nurses and doctors.

Checklist of issues for consideration

Issues to consider	Comments / examples	Suggested actions
Has the child had any previous ED attendances?	This should raise level of concern as it correlates highly with neglect / abuse / failure of family to cope.	On NerveCentre check CPIS for any safeguarding records. You will find CPIS on ED Clinician or ED Nurse notes. You can also check alerts on the left hand side on the main NerveCentre screen.
Does the Child Protection Information box on NerveCentre show the child is or has been in the past 12-months Looked After or subject to a Child Protection Plan	Find out details of why they are involved with Children's Social Care Most families are open about this..	Be very wary of discharging child without discussing with their own duty social worker if you have any new safeguarding concerns. In all cases fill an A-form for information.
Is the child under 6 months of age?	Innocent fractures very uncommon, NAI highly likely.	Very low threshold for referral to Paediatric middle grade doctor.
What is the exact mechanism of injury?	Details needed. If history not fluent, alarm bells should ring. Check the same consistent history as assessment nurse history and ambulance patient report form.	If not sure ask a colleague or the Paediatric middle grade doctor
Is mechanism of injury compatible with child's developmental stage?	Natural variation- best witnessed (eg check yourself if the infant can roll over).	If not sure ask a colleague or the Paediatric middle grade doctor.
Was it witnessed?	If no witness, beware taking facts for granted.	Consider calling witness by phone (e.g. nursery, relative).
Where did the injury happen?	Would a reasonable person consider this to be a safe arrangement (supervision, environment etc)?	If unsure – ask a senior nurse or another senior doctor for their opinion.
Has medical attention been sought appropriately?	Most parents come straight to ED. If they didn't, were their thought patterns reasonable?	If unsure – ask a senior nurse or another senior doctor for their opinion.
Are you communicating well enough with the family?	If poor English be very wary about "making do". Avoid using family members to translate if you have any concerns –people may be colluding. If high degree of "stress" or anger, you may be missing something or they may be hiding something.	Use staff members or use Language Line Interpreting service. Consider admission for observation if family interaction needs to be monitored.
Does the history match the injury?	Look at fracture pattern.	May need 2nd opinion from Paediatric radiologist or Orthopaedic consultant. If there is concern regarding fracture pattern admit for Orthopaedic opinion.

Non-mobile babies	Did they really crawl / fall? High risk age group; consider other factors but have low threshold for assessment by a Paediatrician.	Refer to Paediatric middle grade doctor if any doubt. In office hours, useful to ring health visitor or GP for background picture or contact the Safeguarding Children Team *x5770) who can review the health visitor records and most GP records
Do you have enough information to make a safe judgement?		If not refer to Paediatric middle grade doctor.
Does your "gut instinct" tell you that child is OK?		If not refer to Paediatric middle grade doctor.

Crib sheet to be used by HCP as aide memoire

- Previous ED attendances? If so, for what reasons?
- Allocated social worker?
- Aged < 6 months?
- Exact mechanism of injury?
- Mechanism of injury compatible with developmental stage?
- Witnessed accident?
- Where did it happen?
- Was medical help sought appropriately?
- Communication with family OK?
- Does history match the fracture seen?
- Is the baby non-mobile?
- Do you think you now have enough information for you and the senior doctor to make a safe judgement?
- Does your “gut instinct” tell you that child is OK?