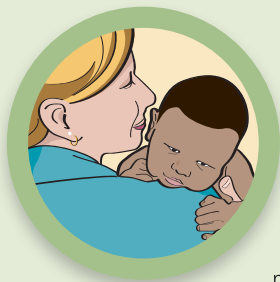


Bruising in Children Not Independently Mobile

Protocol summary



The protocol provides frontline and senior health professionals with a knowledge base and action strategy for the assessment, management and

referral of children who are

Not Independently Mobile (NIM) who present with bruising or otherwise suspicious marks.

Any child who is found to be seriously ill or injured, or in need of urgent treatment or further investigation, should be referred immediately to hospital before referral to Children's Services.

Bruising is the commonest presenting feature of physical abuse in children. The younger the child the greater the risk that bruising is non-accidental. There is a substantial and well-founded research base on the significance of bruising in children.

See www.core-info.cf.ac.uk/bruising

Any bruising, or mark that might be bruising, in a child of any age, that is brought to the attention of a health professional should be taken as a matter for inquiry and concern.

Bruising in a child not independently mobile should raise suspicion of maltreatment and should result in an immediate referral to Children's Services and an urgent paediatric opinion.

See NICE Clinical Guideline 89: guidance.nice.org.uk/CG89/QuickRefGuide/pdf/English

Where a decision to refer is made, it is the responsibility of the first professional to learn of or observe the bruising to make the referral. See below for Children's Services contact numbers.

All telephone referrals should be followed up within 48 hours with a written referral using the appropriate interagency referral form.

For a paediatric opinion contact your local acute or community paediatric consultant. See below for contact details.

A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. A full clinical examination and relevant investigations must be undertaken by a paediatrician.

Innocent bruising is rare. It is the responsibility of Children's Services and the local acute or community paediatrician to decide whether bruising is consistent with an innocent cause or not.

Parents or carers should be included as far as possible in the decision-making process providing this does not pose a further risk to the child. If a parent or carer is uncooperative or refuses to take the child for further assessment, this should be reported immediately to Children's Services.

Information should be shared between the child's GP and Health Visitor and the case should be discussed with a professional or senior colleague such as the Area Safeguarding Children Team or the Trust Safeguarding Children Team.

The importance of signed, timed, dated, accurate, comprehensive and contemporaneous records cannot be overemphasised. Once a referral to Children's Services has been made, practitioners must follow the 4LSCB Safeguarding Children Procedures 2007.

See www.4lscb.org.uk

For Children's Services phone:

	Hampshire	Southampton	Portsmouth	Isle of Wight
Office hours	0845 6035620	023 8083 3336	023 9283 9111	01983 525790
Other times	0845 6004555	023 8023 3344	0845 6004555	01983 821105

For a paediatric opinion contact your local acute or community paediatric consultant:

	Southampton	Portsmouth	Winchester	Basingstoke	Isle of Wight
Office hours	023 8071 6629	023 9247 2948	01962 863535	01256 314723	01983 524081
Other times	023 8079 8465	023 9228 6000	01962 863535	01256 473202	01983 524081



Joint Bruising Protocol

for assessment of bruising in a child who is Not Independently Mobile



Health Practitioner observes bruise or suspicious mark. SUSPECT child maltreatment¹

A child who is seriously ill should be referred immediately to hospital



Seek an explanation, examine and record accurately

Note any other features of abuse²
(e.g. bruises on face and 'soft' areas, bruises in clusters or imprints)



Explain to family the reason for immediate referral to Children's Services Department and Consultant Paediatrician³



Immediate Phone Referral to Children's Services Department

for multi-agency assessment and information sharing

Inform GP and HV

Immediate Phone Referral to Duty Consultant Paediatrician³

and child seen urgently for further investigation to exclude a medical condition

Inform GP and HV

Follow 4LSCB procedures⁴



BABY?
BRUISING?
BE CONCERNED!

1. NICE clinical guideline 89: When to suspect child maltreatment, July 2009 (SUSPECT means a serious level of concern about the possibility of child maltreatment but not proof of it)

2. www.core-info.cf.ac.uk/bruising

3. Includes Associate Specialists

4. www.4lscb.org.uk