

Lightning Learning: Non-Accidental Injury

STOP!

Why is it important to consider NAI in paediatric patients?

It is estimated that 1 in 14 children in the UK have been physically abused (NSPCC).

It is the responsibility of **EVERY** member of NHS staff to safeguard and promote the welfare of children...

- 1) **Recognise** the signs of abuse
- 2) **Respond** using the traffic light system (see "LEARN" section)*
- 3) **Refer** to the appropriate speciality or service
- 4) **Responsibility** to act on all concerns



LOOK

Suspect implausible, inadequate or inconsistent explanations

Inspect physical features of injury, such as:

- Shape & pattern of bruising, bites, lacerations, thermal injury
- Age and quantity of fracture(s)

Escalate to the most senior staff in your area. This will likely be the Doctor/Nurse in Charge + paediatric team

CONSIDER:

- Intracranial injury without accidental major trauma
- Retinal haemorrhage
- Genital infections/injury, pregnancy
- Consider your local safeguarding protocols/team

LEARN

- **Child maltreatment: when to suspect maltreatment in under 18s (NICE)** bit.ly/3oLtJIB
- **UHL Safeguarding Children Policy*** (make sure to be aware of your own local safeguarding policies) bit.ly/3qd99ei
- **National Society for the Prevention of Cruelty to Children (NSPCC)** www.nspcc.org.uk
- **RCPCH Child Protection Portal** bit.ly/3C46eaL

Children's ED Safeguarding Checklist

	Yes	No
Is there a consistent history?		
Does the injury match the description of incident?		
Is the injury appropriate for the developmental stage of the child?		
Any delay in presentation has a satisfactory explanation?		
No other injuries/unexplained findings on examination?		
Are the parent/child interacting or behaving appropriately?		

If you answered **NO** to any of above **OR** are unsure, discuss the patient with the ED/Paed's Senior (ST4+)