Bruising in none mobile children

Bruising is the commonest presenting feature of physical abuse in children. The NICE guidelines When to suspect Child Maltreatment (Clinical Guideline 89, July 2009) states that bruising in any child not independently mobile should prompt suspicion of maltreatment.

What does this mean:

\* Not independently Mobile: a child who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. Includes all children under the age of 6 month.

\* Bruising: extravasation of blood in the soft tissues, producing a temporary, non-blanching discolouration of skin however faint or small with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown or purple. This includes petechia, which are red or purple non-blanching spots, less than two millimetres in diameter and often in clusters.

\* Although bruising is not uncommon in older, mobile children, it is rare in infants that are immobile, particularly those under the age of six months. Whilst up to 60% of older children who are walking have bruising, it is found in less than 1% of non - independently mobile infants. Moreover, the pattern, number and distribution of innocent bruising in non-abused children is different to that in those who have been abused. Innocent bruises are more commonly found over bony prominences and on the front of the body but rarely on the back, buttocks, abdomen, upper limbs or soft tissue area such as cheeks, around the eyes, ears, palms or soles of the feet.

Patterns of bruising suggestive of physical child abuse include:

Bruising in children who are not independently mobile. Bruising in babies, bruises away from bony prominences Bruises to the face, back, abdomen, arms, buttocks, ears and hands Multiple or clustered bruising Imprinting and petechia Symmetrical bruising

\*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.

\*The younger the child the greater the risk that bruising is non-accidental and the greater potential risk.

Policy:

This protocol relates only to bruising in children who are not yet independently mobile.

Bruising in children of any age. Any bruising or what is believed to be bruising in a child or any age that is observed by or brought to the attention of a practitioner should be taken as a matter for inquiry. A satisfactory explanation should be sought the characteristics of the bruising should be assessed, the distribution carefully recorded. The bruising should be assessed in the context of personal, family and environmental history to ensure that it is consistent with an innocent explanation

Birth injury. Both normal births and instrumental delivery may lead to development of bruising and of minor bleeding into the eye. However, practitioners should be alert to the possibility of physical abuse and follow this policy if there is any doubt about the features seen.

Birthmarks may be present at birth and can also appear in the early weeks and months. Certain birthmarks, particularly Mongolian blue spots can mimic bruising.

Self-inflicted injury. It is rare for a non-mobile infant to injure themselves during normal activity. Any explanation that the injury has been self-inflicted should not be accepted with assessment by a paediatrician and a social worker

Injury from other children. Explanations that a sibling has caused the injury should still be referred for further assessment which must include a detailed history of the circumstances of the injury and consideration of the parent’s ability to supervise their children.

Immobility in older children should be considered as a risk factor, for example in disabled or very sick children. Disabled children have a higher incidence of abuse whether mobile or not.

It is not always easy to identify with certainty that a skin mark is a bruise. Practitioners should act in line with this protocol if they believe that there is a possibility that the observed skin mark could be a bruise or could be the result of injury or trauma.

Children may be abused (including sustaining fractures, serious head injuries and intra-abdominal injuries with no evidence of bruising or external injury.

In all cases, record what was seen using body map or line drawing if appropriate, record any explanation or other comments by parents/carer make a referral to MASH (03004709100 out of hours 01483517898) following usual processes.

Parents and carers should be included in the decision to refer provided this does not pose a further risk to the child. If the parent or carer is uncooperative or refuses to take the child for further assessment this should be reported to Children’s Services.

Information should be shared with the child’s GP and Health Visitor and the referral should be discussed with the professional’s child protection lead.

Contemporaneous, comprehensive, accurate, dated timed records should be kept. In all cases mapping, description and recording of the size, colour characteristics, site pattern and number of bruises should be made on a body diagram.

A careful record of carers/parent’s description of events and explanation for the bruising should be made in the notes.

This policy was adopted by Happy Days Preschool

On 14/01/2020

Date reviewed As needed