

WALTER REED ARMY MEDICAL CENTER
WASHINGTON, D.C. 20307-5001
Ward 51

EVALUATION OF NON-ACCIDENTAL TRAUMA AND/OR PHYSICAL NEGLECT OF CHILDREN
01Jan11

1. **PURPOSE:** To provide guidelines to all personnel handling suspected cases of non-accidental trauma (NAT) and/or physical neglect of children.

2. **SCOPE:** All Ward 51 personnel.

3. **REFERENCES**

- a. AR 608-1: Family Advocacy Program, 1995.
- b. Department of Social Work standard operating procedure: Physician Protocol for Evaluation of Non-Accidental Trauma (NAT) and/or Physical Neglect of Children, 2001.
- c. MEDCOM Pam 608-1: Personal Affairs: Family Advocacy Program, 1998.

4. **PROCEDURES:**

a. Report all suspected abused to the WRAMC Department of Social Work. The Department of Social Work will report to the appropriate county Child Protective Service unit and the WRAMC Military Police. The Pediatric Social Worker can be reached:

- (1) At 782-0823 or #1136606
- (2) Through the Administrative Officer of the Day (AOD) at 782-7309/3955/3949. The AOD will page the on-call social worker.

b. The responsible physician conducts the medical evaluation with the WRAMC Social Worker involved in the case as necessary. Jointly decide how to handle hostile or volatile caretakers/parents. Hospital Security is available to assist at: 782-6272

c. Physician obtains a detailed history of the injury from the child with and without the parents present. **MAINTAIN A HIGH INDEX OF SUSPICION.** Place the child in a room where line of sight (line of sight is within 10 feet according to WRAMC policy) is possible if ordered.

d. Age appropriately prepare the child for the emotional aspects of the physical examination, especially in cases of alleged sexual abuse.

e. The responsible physician performs a thorough physical examination. Parental consent to photograph injuries is not required.

- (1) Consider a long bone x-ray examination on all possible NAT (non-accidental trauma) children younger than two years old. Consider laboratory studies if within twenty-four (24) hours of injury/incident, or if clinically indicated.
- (2) Photograph visible findings with color film.
 - (a) Ask the photographer to bring Form 28, Medical Illustration Service Request and Release.
 - (b) The physician must fill out Form 28. Parental permission is not required.
 - (c) The photographer can be reached at 782-7074 during duty hours. Call (202) 991-4535, after the ring and tone, dial a call back number OR call the AOD who will contact the photographer.
- (3) Record all physical findings using the Physical Examination Protocol for Child Abuse and Neglect (see MEDCOM Pam 608-1).

- (4) The physician must record how soon medical care was sought after the injury was discovered; comment on whether explanations of the injury are consistent, whether explanation of the injury is plausible, and whether findings are consistent or inconsistent with type of alleged maltreatment. They should not record opinion. Nursing documentation should be objective, including only the facts. Be very detailed regarding physical findings and parent/child interaction. Everything should be stated in a factual matter.

f. Coordinate with the Department of Social Work to determine whether returning the child to the caretakers/parents presents imminent danger to the child. If medical custody is warranted, based on the Risk Assessment (completed by the social worker) and the professional opinion of the treating physician, the physician follows the steps in paragraph 5g below.

g. Medical Protective Custody (MPC). The physician shall:

- (1) Chart the decision and reason to implement MPC.
- (2) Complete the Medical Protective Custody form. Date the form which is effective for only 24 hours. Ensure the Center Judge Advocate (JAG) has been consulted before the MPC is sent to the Commander. During duty hours, the Center Judge Advocate can be reached at 782-5800. Call the AOD to contact the on-call JAG representative after hours.
- (3) Forward MPC form to WRAMC Commander for signature. The AOD can sign for the Commander after duty hours and with consultation with JAG.
- (4) Obtain consent from parents to hospitalize the child. Explain the provisional diagnosis (non-accidental trauma), and the legal and Army regulation requirements to report the injury and take all measures to keep the child safe.
- (5) Take all prudent actions to prevent removal of the child until WRAMC commander and/or civilian court rules. The WRAMC Military Police telephone number is 782-4862/7690.
- (6) Visitation to the child by the parent/caretakers is determined by the physician in consultation with the social worker involved in the case and the JAG.
- (7) Inform the Ward 51 Charge Nurse of circumstances of the child's hospitalization and guidelines for visitation.
- (8) Prior to discharge or release of the child, contact the Family Advocacy Team via the Pediatric Social Worker during duty hours at 782-0823 or have the AOD page the on-call social worker.

h. Coordinate with Family Advocacy Program representative as the case progresses.

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