GP Safeguarding Session (20.07.2016)

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OUTLINE

- Background
- Main case
- Some interesting cases
- FII (Fabricated or Induced illness)

Safeguarding (RCPCH)

- Challenging field

- Concerns are seldom black or white or clear cut leaving clinicians to manage uncertainty and risks, thus leaving them anxious about getting it wrong

Jamie

- 12 weeks old Jamie is brought to your surgery with a history of cough and cold.

- Examination findings:
  - Unkempt, no cyanosis
  - Tachypnoeic but not too distressed
  - Small bruise on the right cheek
  - Auscultation: no added sounds, good air entry

What action will you take?

MOTHER:

Jamie developed a bruise on the face last night. She was cooking in kitchen downstairs and Jamie was in a cot upstairs in bedroom last night and 5 year old sibling was playing next to him. Jamie was injured accidently on the cheeks probably by a toy by the sibling

History from Health Visitor

- Family is not known to social care
- Older brother Sam is being followed up by Health Visitor for “Failure to Thrive”
- Mother’s partner is aggressive (Once barred the HV from coming into the house)
- Mum takes alcohol occasionally

WHAT WILL YOU DO?

What will you do?

From the evidence in literature, it is highly likely that unexplained bruises in non-mobile children are non-accidental. As per the protocol, we expect the following from GP

1. Detailed history in verbatim
2. Full examination to check bruises anywhere on the body
3. Document these bruises on a body chart (May be even drawn with hand)
4. Referral to social care
5. Refer to on call paediatrician (informing clearly your concerns about the bruise and also inform that you have referred to social care)

The hospital paediatricians will admit the child and then arrange the full work up including skeletal survey, fundus examination, clotting and CT brain.

IF THEY DONT CRUISE, THEY DON'T BRUISE

Bruising in non-mobile babies

- There is a substantial and well-founded research base on the significance of bruising in children. See www.core-info.cf.ac.uk/bruising

- Although bruising is not uncommon in older, mobile children, it is rare in infants that are immobile, particularly those <6 months.

- While up to 60% of older children who are walking have bruising, it is found in less than 1% of not 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 areas such as cheeks, around the eyes, ears, palms or soles (Also a leaflet about information for parents/carers)

http://www.cheshirewestlscb.org.uk/?page_id=105

Can you age bruises (NSPCC)?

The answer is no. Estimates of the age of a bruise are currently based on an assessment of the colour of the bruise with the naked eye. The accuracy of observers who estimate the age of a bruise visually is no better than 50 per cent. The evidence is that we cannot accurately age a bruise from an assessment of colour – from either a clinical assessment or a photograph. A practitioner who offers a definitive estimate of the age of a bruise in a child by assessment with the naked eye is doing so from their own experience without adequate published evidence.

Note: A bruise should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given

How will you make a referral?

- Phone call followed by a written referral
- Which category (Section 17 or 47?)

Child Health Promotion

What happens once the child is referred to

SOCIAL CARE

Social Care

A telephone referral followed up in writing within 48hrs is essential. If emergency protection is not thought to be needed at the point of referral, children's social care complete an initial assessment within 7 working days.

1. If a child is assessed as being a **Section 17 "Child in need"**, Children's Social Care will agree a plan with the family and other professionals for ensuring the child's future safety and wellbeing and decisions will be recorded.

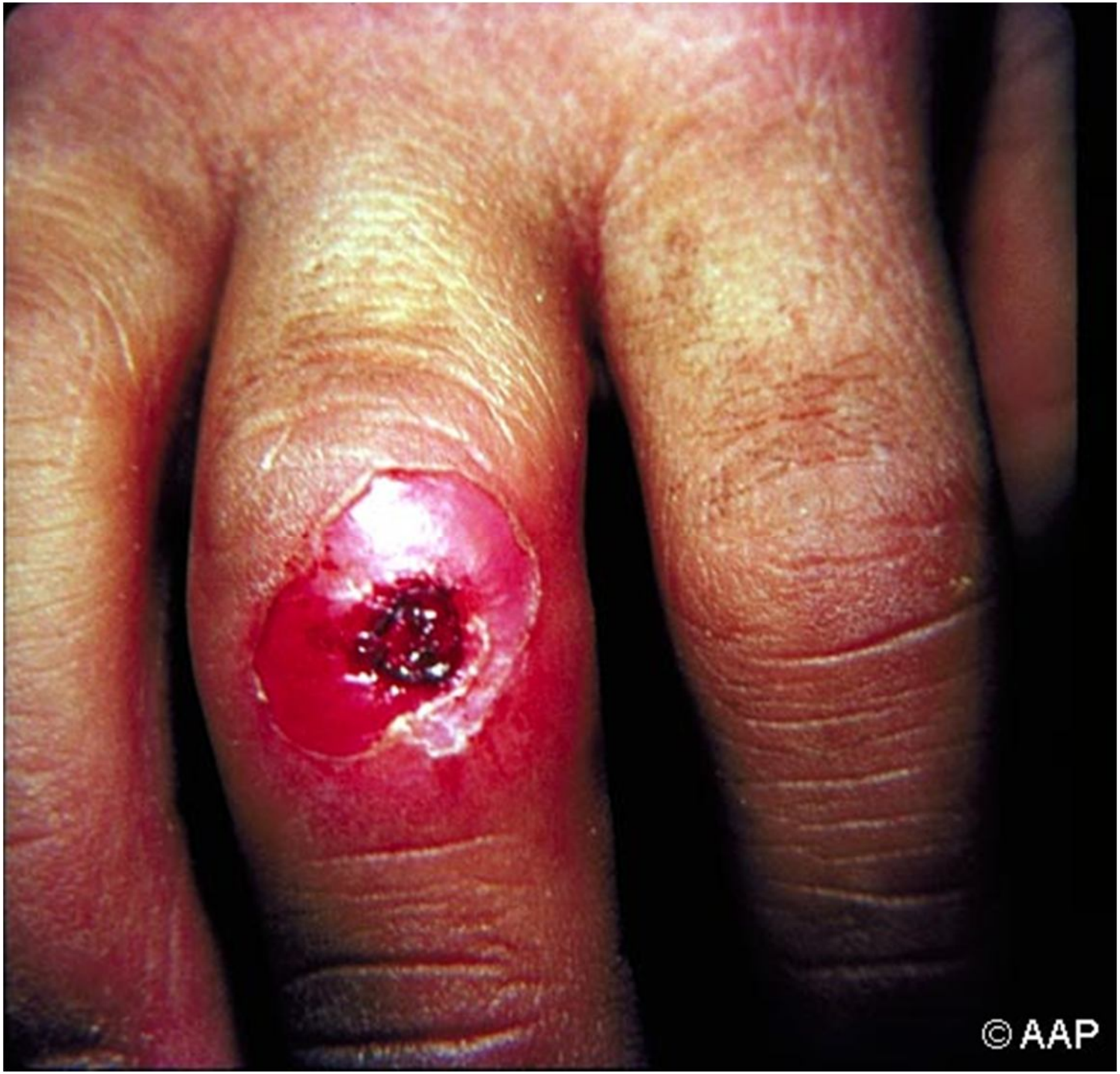
2. If a child is assessed as being **Section 47 "At risk of significant harm",** processes progress and an initial child protection case conference is convened within 15 working days of this decision being made.

Social Care

If the contact with Children's Social Care does not meet the level for their involvement then the information will be recorded as an Initial Contact only with the following possible outcomes:

- No further action – Children's Social Care will feed back this decision to the referrer in writing, with the reasons
- Provision of information and advice;
- Referral or signposting to other agencies – families will be referred on by Children's Social Care with their agreement (if the family do not then engage with the referred agency, that agency will refer them back to Children's Social Care who may reassess the family)

INTERESTING CASES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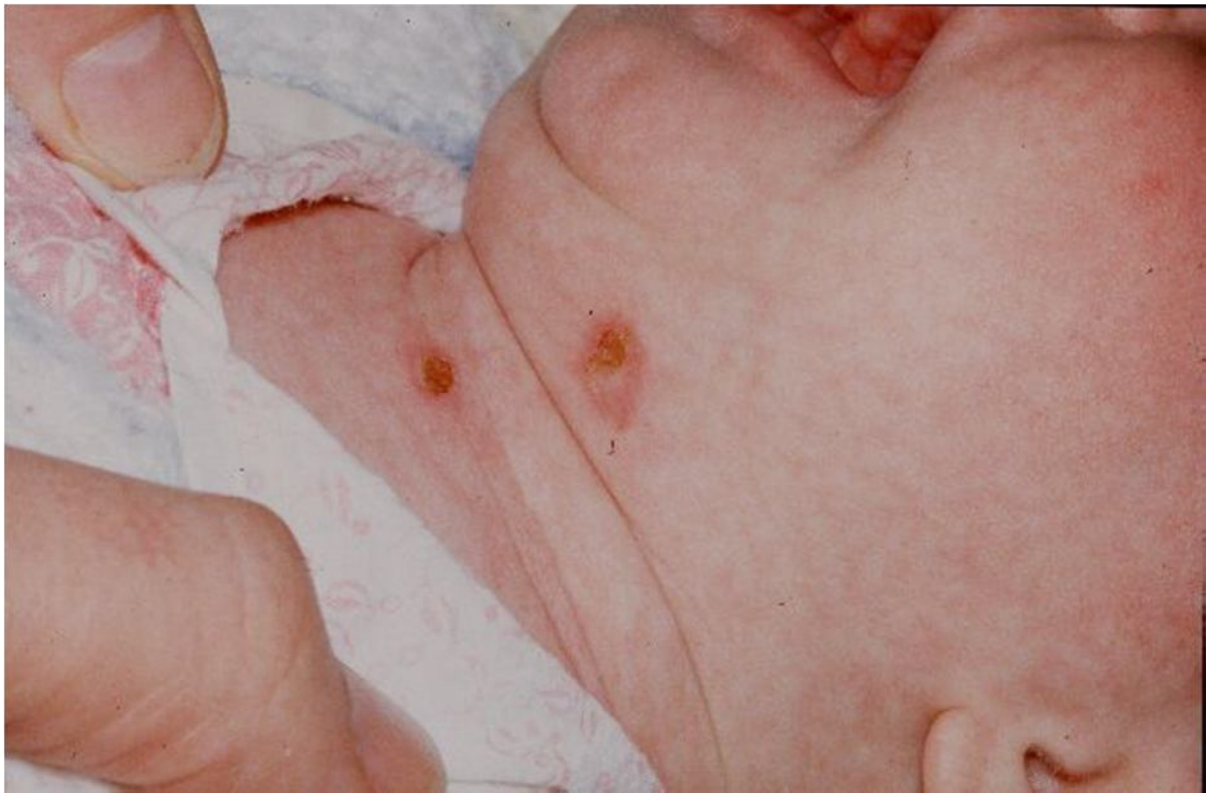
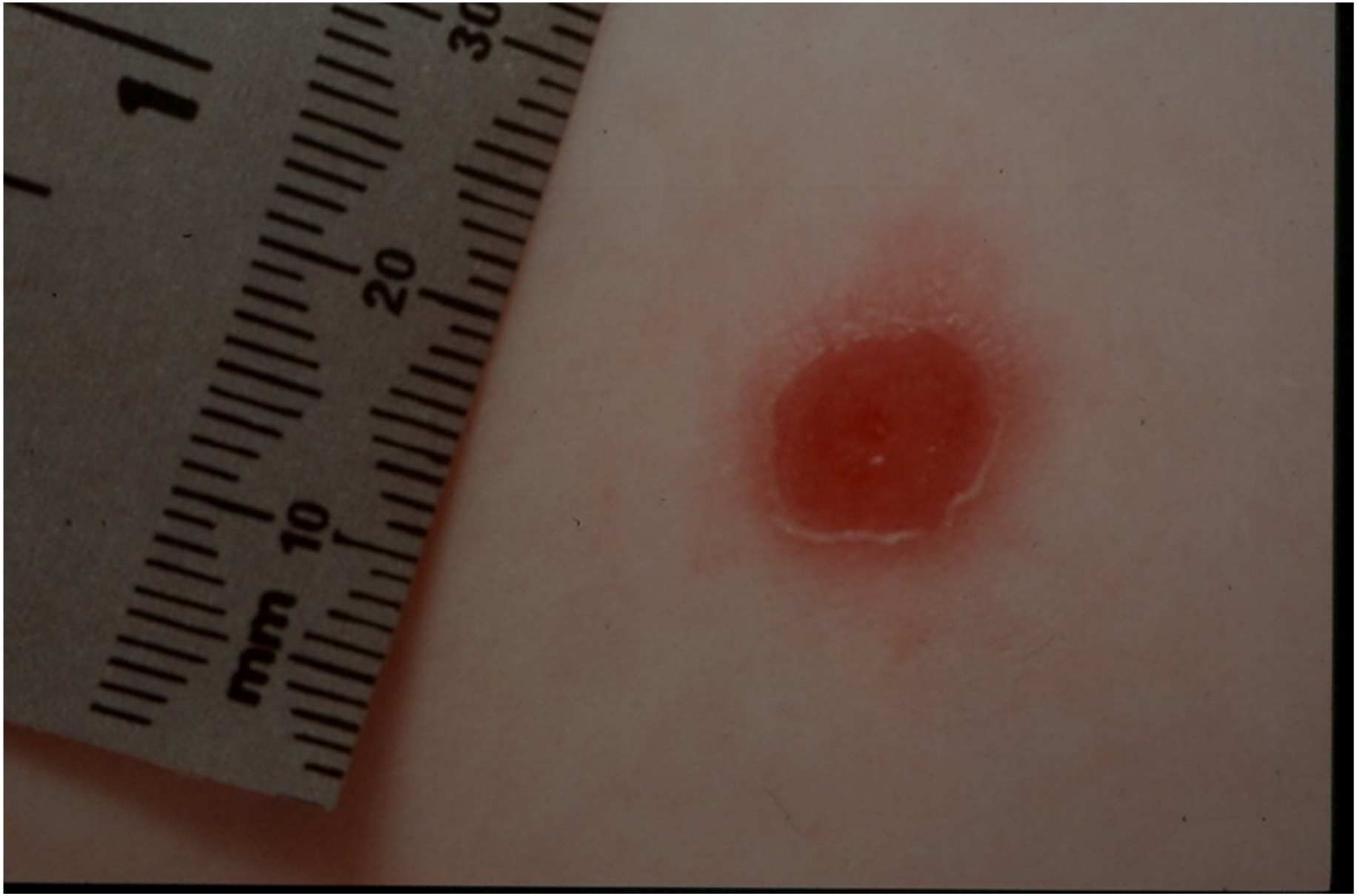
6 weeks old baby

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30
20
10
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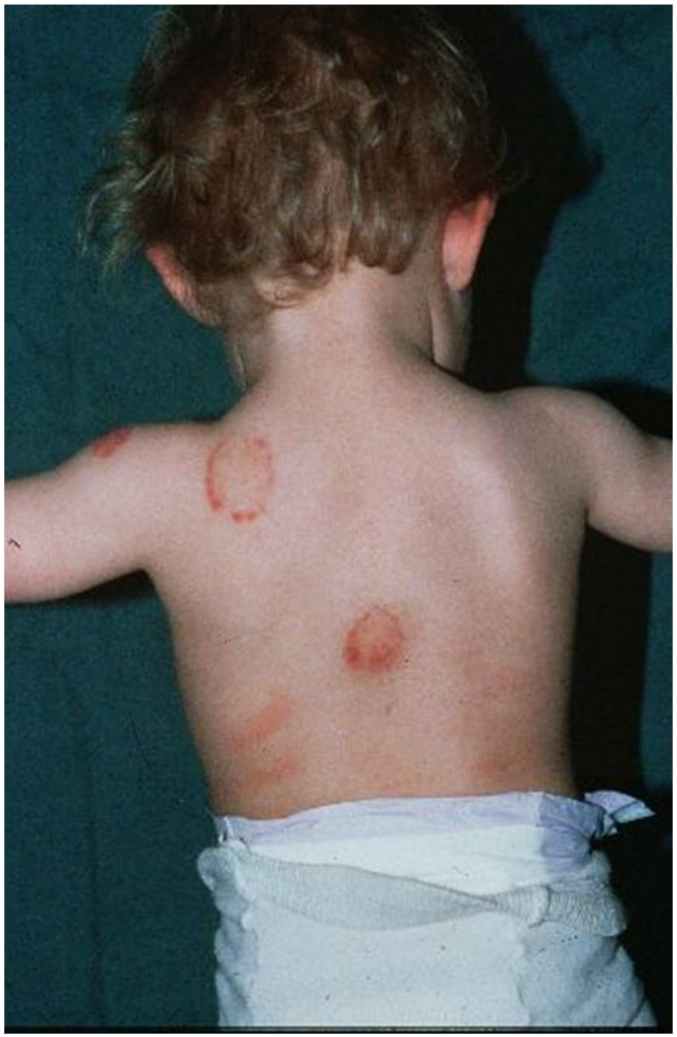
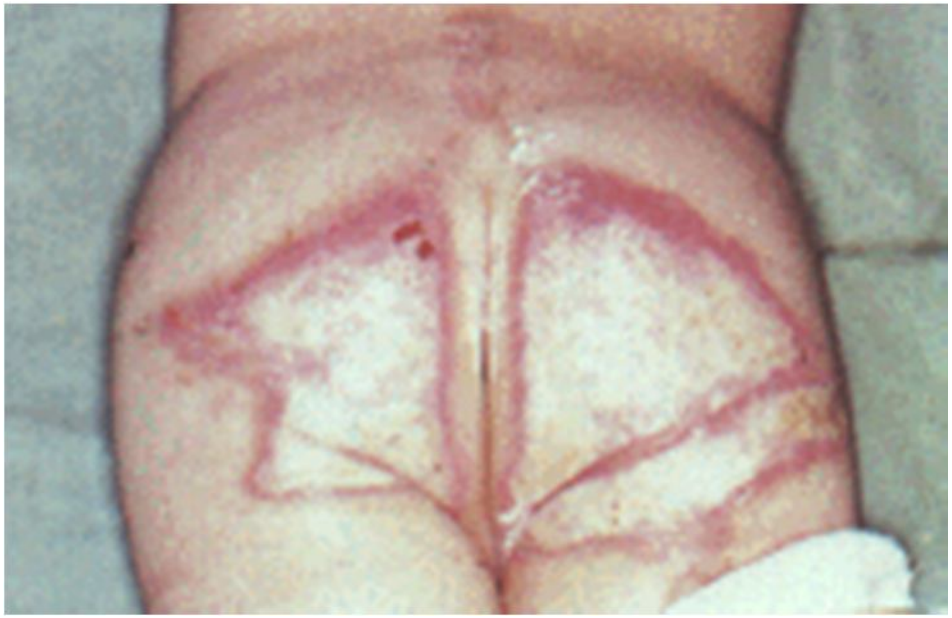
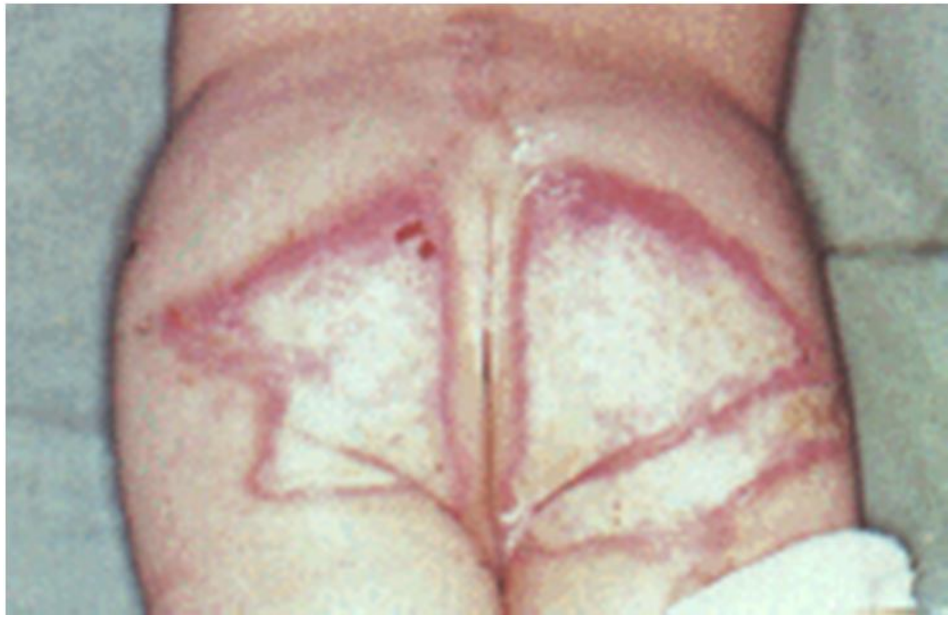
1.5 year old, lesion noticed in nursery



What is the diagnosis?



Classical "hot plate" injury - a characteristic injury seen in child abuse from sitting the child on a hot plate or stove



Any Questions?