



## NON-ACCIDENTAL TRAUMA (NAT) SCREENING

### “Red Flag” History of Present Injury

- No History or Inconsistent History
- Changing History
- Unwitnessed Injury
- Delay in Seeking Care
- Prior ED Visits
- Domestic Violence in Home
- Premature Infant (<37 weeks)
- Low Birth Weight/IUGR
- Chronic Medical Conditions
- Multiple BRUE

### “Red Flag” Physical Exam Findings

- Torn frenulum
- Failure to Thrive
- Any bruise in non-ambulating child – “if you don’t bruise you don’t bruise”
- Any bruise in a non-exploratory location (TENS-4FACES)
- Bruises, marks, scars or other wounds in patterns that suggesting hitting with an object (ie hand prints, bite marks, ligature marks, loops marks, or symmetrical bruising or burns)
- Burns with no splash marks or stocking/glove distribution pattern

### “Red Flag” Radiographic Findings

- Children <1 with a fracture or fracture in non-ambulatory child
- Femur, Humerus, Rib and Metaphyseal fractures in non-mobile children
- Any fracture in a non-ambulating infant
- An undiagnosed healing fractures, multiple fractures
- Unusual fractures: scapula, sternum, spinous process
- SDH and/or SAH on neuro-imaging in young children, particularly in absence of skull fracture <1 year

### Modified Glasgow Coma Scale for Infants and Children

	Child	Infant	Score
Eye opening	Spontaneous	Spontaneous	4
	To speech	To speech	3
	To pain only	To pain only	2
	No response	No response	1
Best verbal response	Oriented, appropriate	Coos and babbles	5
	Confused	Irritable cries	4
	Inappropriate words	Cries to pain	3
	Incomprehensible sounds	Moans to pain	2
	No response	No response	1
Best motor response*	Obeys commands	Moves spontaneously and purposefully	6
	Localizes painful stimulus	Withdraws to touch	5
	Withdraws in response to pain	Withdraws to response in pain	4
	Flexion in response to pain	Abnormal flexion posture to pain	3
	Extension in response to pain	Abnormal extension posture to pain	2
	No response	No response	1

\*If patient is intubated, unconscious, or preverbal, the most important part of this scale is motor response. Motor response should be carefully evaluated.

### General Vital Signs and Guidelines

Age	Heart Rate (beats/min)	Blood Pressure (mmHg)	Respiratory Rate (breaths/min)
Premature	110-170	SBP 55-75 DBP 35-45	40-70
0-3 months	110-160	SBP 65-85 DBP 45-55	35-55
3-6 months	110-160	SBP 70-90 DBP 50-65	30-45
6-12 months	90-160	SBP 80-100 DBP 55-65	22-38
1-3 years	80-150	SBP 90-105 DBP 55-70	22-30
3-6 years	70-120	SBP 95-110 DBP 60-75	20-24
6-12 years	60-110	SBP 100-120 DBP 60-75	16-22
> 12 years	60-100	SBP 110-135 DBP 65-85	12-20