

Appendix 5: Paediatric Hospital Pathway

Assess child for any immediate health needs.
Decision made regarding type of medical examination/assessment required (Joint Paediatric Forensic Examination/Specialist Medical)

Perform a thorough medical assessment and document a full body examination. Record the presenting history and explanations in the parent's/carer's words. Document bruising on a body chart.

Explain the plan to consider medical causes. Also explain that you are raising a child protection concern as "everyone working with children must follow the guidance when they find a possible bruise or injury on a child who is not independently mobile"

Gather the names and details (name, date of birth, address, relationships) of the child's parent(s)/carer(s), other children and other relevant family members/contacts.

Arrange medical admission. Discuss with the Consultant Paediatrician, under whom the child will be admitted. Also liaise with the Public Protection Unit.

Paediatric team will admit the child, documenting a comprehensive medical history and taking verbatim history on the national proforma for child protection medical examinations.


Admit child to visible space and discuss with senior nurse/ consultant/Child Protection Unit regarding the level of care and supervision required both to facilitate parenting and to ensure child is safe

Update the parent(s)/carer(s), explaining the need for further investigations. See leaflets: skeletal survey and bruising information. Any discussion needs clearly documented in the child's clinical notes.

Ensure all investigations are completed. Please see [Child Protection Companion](#) for full details of investigations.

These include:

- Send 1st line bloods according to the Trak order set 'NAI' screen (detailed below). If venepuncture is difficult, prioritise FBC and coagulation screen. [FBC and film, coagulation screen, Assays of Factor VIIIc, Von Willebrand factor (VWF antigen & VWF activity), calcium, phosphate, alkaline phosphatase, Vitamin D, PTH].
- Skeletal survey and head CT (2nd opinion required).
- Retinal Examination when radiological and/or clinical evidence of neurological injury (subdural haematoma, brain swelling, brain contusion etc.) and/or there are rib fractures and/or metaphyseal bone fractures that are typically associated with neurological injury.



Daily review of child and their clinical well being. Update parents and multi-agency partners of any new information from assessments.

Complete a child protection medical report (Joint Paediatric Forensic Examination/ JPFE/ soul and conscience report according to local protocols).

Maintain communication with social work and police colleague. Clearly communicate your clinical opinion.

Explain to parent(s)/carer(s) the outcome of the process so far, including any further child protection processes.

Arrange a discharge planning meeting. Discharge planning with other partner agencies should include interim safety planning to ensure that the child and any siblings remain safe

Ensure follow up skeletal survey is requested and communicate details to social work and other agencies as appropriate to facilitate attendance. Arrange hospital transport if required.

Make arrangements for any follow up/reviews and ensure these are communicated to professionals involved with the child and families care planning.