

PEDIATRIC TRAUMA UPDATE

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INJURY DOES NOT OCCUR BY ACCIDENT!

More children die of injury than of all other causes combined!! Prevention of these injuries is key to saving children's lives.

On March 18, 2008 the National Association of Children's Hospitals and Related Institutions (NACHRI) awarded the University of Iowa Children's Hospital and five other children's institutions with a grant worth \$100,000 each.

The purpose of the grant is to allow the Children's hospital to formalize a Safety Store and integrate a Safe Escape Program into that store.

What is Safe Escape? The mission of the Safe Escape



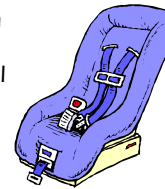
Programs is to offer families of children with disabilities and special healthcare needs education, information and equipment to prepare for a safe escape during emergencies. Pioneered by Riley Hospital for Children, in Indiana, their Safe Escape Program has helped over 1,150 families of children with special needs with adapted fire safety products to help support safe escape in fires. Several "saves" have also been documented as a direct result of families having access to safety equipment and injury prevention education.

"Parents who are reached through the Safe Escape Program at the six selected chil-

dren's hospitals will have greater peace of mind knowing that they can safely evacuate their children in an emergency." said Lawrence A. McAndres, president and CEO of NACHRI.

The University of Iowa Children's Hospital Safety Store will serve the unique needs of our local population. This determined patterns of unintentional injury and injury-related death in our community.

A big note of thanks to all of those who participated in the grant process and all of those who will now be a part of the development of the Safety Store and Safe Escape Program.



Pediatric Trauma Cases March 2008	
Number of admissions	11
Number of ER Visits	12
Mean Injury Severity Score	16
Number of Trauma Alerts	1
Number of Trauma Activations	2

Special points of interest:

- April is National Child Abuse Prevention Month.
- Pediatric Trauma Meeting will be held on April 15
- Development of C-spine protocol for children is in the works. Please provide feedback as drafts are distributed.
- Questions or concerns related to Pediatric Trauma Care? Contact Kristel Wetjen @ 6-8851 or page 5239 kristel-wetjen@uiowa.edu

Red Flags: When to Consider Abuse or Neglect in Pediatric Cases

Resmy Oral, MD University of Iowa Children's Hospital
Director, Child Protection Program

PHYSICAL ABUSE;

- ✓ Child presents with injuries unrelated to birth during the first 6 months of life.
- ✓ History provided for the

- injury is bizarre or there is no accident history
- ✓ Child displays behavioral indicators such as:
 1. Being wary of adult contact, apprehensive with others, afraid-to-be at

- home, withdrawn, self-destructive, or suicidal.
- 2. Having sleep disturbances, eating disorder, or school problems.

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3. Displaying unex-





Red Flags Cont.



- plained recent aggressive behavior
- 4. Engaging in runaway behavior, delinquency, prostitution, or substance abuse.

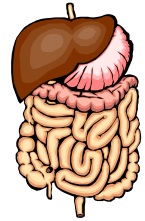
√ Child presenting with physical indicator with no plausible accident history.

- Injuries to protected areas (abdomen, chest, back, genitalia, buttocks, inner thighs, neck, lips, palate, gums, eyes, cheeks, pinnae)
- Patterned injuries (belt loop, cigarette burn, hand print)
- Burns with clear demarcation or spared flexor creases
- Second/Third-degree burns
- Injuries at different stages of healing

- Petechiae around the eyes associated with bruising around neck (choking)
- Rope burns around wrist and ankles
- Adult bite marks
- Fractures with no reasonable history; multiple fractures at different stages of healing.
- Significant head injury including: subdural hematoma, subarachnoid hemorrhage, retinal hemorrhage, brain edema, subgaleal hematoma, avulsed hair.



- Significant intraabdominal injury including: laceration of liver, pancreas, spleen, intestinal or bladder hematoma or perforation



- Significant intrathoracic injury including: laceration of lungs, heart, large vessels, esophageal perforation, hemothorax.

STOP: ASK YOURSELF THESE THREE QUESTIONS

1. Is the HISTORY provided consistent with the MECHANISM and EXTENT of the injury observed?
2. Is the child (or third party) DEVELOPMENTALLY capable of creating the circumstances causing this incident in the way described by the caregiver?
3. Can this entire clinical presentation be explained with medical causa-

tion?

Written by: Resmiye Oral, MD

If your answer to any of the above questions is **NO**, please contact social work immediately as they will be able to help initiate a child abuse investigation as warranted.



To-gether we can keep children safe from intentional harm!

Keys to detecting Abuse or Neglect in the Pediatric Patient.



LISTEN to the whole story.



OBSERVE patient for injuries and interactions with environment



STOP and ask yourself 3 questions.