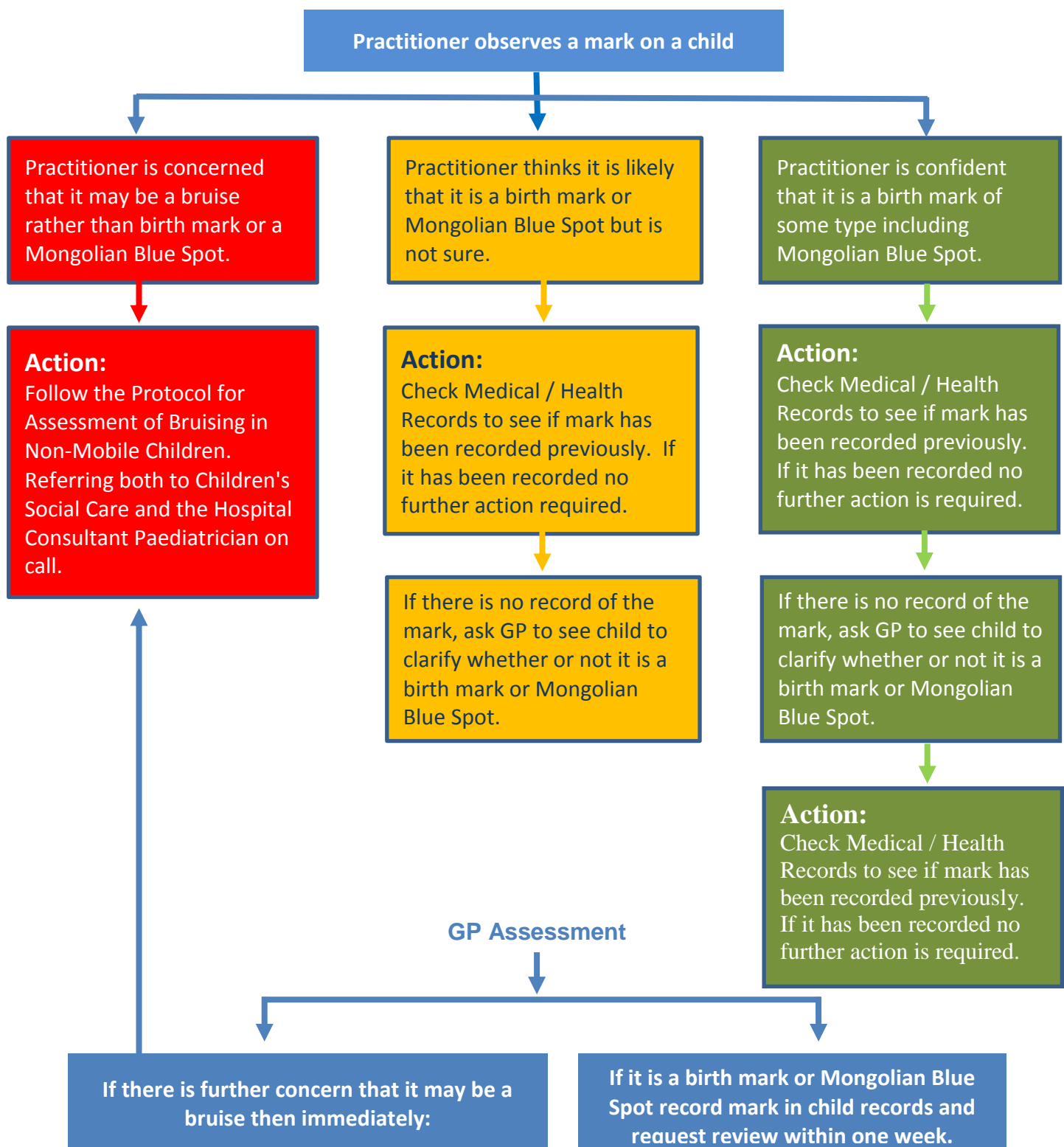


# Protocol for the assessment of Bruising in Non-Mobile Children.

Bruising in non-mobile children is rare and therefore there is a significant risk that bruising may indicate abusive or neglectful care. Unfortunately nationally and locally bruising is not always responded to appropriately by Health Visitors, Doctors, GPs and other health professionals. As a result a significant number of abusive events have been missed resulting in children being placed at risk, resulting in serious untoward incidents and serious case reviews.

The above protocol sets out to address this by requiring all professionals to refer bruising in non- mobile children for assessment by a Consultant Paediatrician and Social Care. Non-mobile children are defined as not yet rolling, crawling, cruising or walking independently or are older children who are not mobile because of a disability. Practitioners should include all children under 6 months.



Any other injuries or unexplained marks follow Safeguarding Procedures and seek advice from Safeguarding Supervisor.

Unfortunately issues around birth marks including **Mongolian Blue spots** have led to a small number of families being inappropriately referred causing significant distress. Such birth marks are sometimes not being recognised and are not documented in the child's records when first seen.

**It is therefore essential to learn how to recognise birth marks** in small infants and to document them in the child's health records, including the parent hand held record. New guidelines and processes are being devised to support this in Maternity practice and during "baby checks" in the community.

**Hopefully this will reduce the incidence of confusion** and it makes it even more important that new bruising in non-mobile children is referred for expert assessment.



## What are Mongolian Spots?

- Hyperpigmented skin areas
- Usually seen at birth or early life
- Often familial
- Common in children of Asian / African descent
- Rarer in Caucasians
- Usually bluish / slate-grey in colour
- Usually flat and not raised, swollen or inflamed
- Usually round / ovoid but can be triangular, heart- shaped or linear
- Can be single or multiple marks
- Usually on the lower back / sacrum / buttocks
- Trunk, extremities (rarer)
- Face or scalp (extremely rare)

## Differentiating Mongolian Spots from Bruising:

- Typical sites
- **Non-tender**
- Usually homogeneous in colour
- Don't change colour and take months / years to disappear
- Must always document presence of Mongolian spots, including how extensive, site and shape.

***(refer to photographs for examples)***

## Protocol for the assessment of bruising in “Non-Mobile” Children

Any Health Professional observes bruise in a non-mobile child.  
(See definition of non-mobile child)



Record the explanation given, however a referral must still be made.  
Document mark on body map



Explain to the family the reason for immediate referral to Children’s Social Care and Hospital Paediatricians and provide them with the “What’s Going On’ leaflet



**Immediate Telephone Referral To Children’s Social Care**

Risk Assessment of method of transport to Hospital to be discussed and decision made if Social Care need to transport child or parents can take child for medical (see expectations)

**Immediate Telephone Referral To Hospital Duty Consultant Paediatrician**

A medical will be arranged between referring practitioner and paediatrician. If a strategy has not already occurred the paediatrician and social services will decide if a strategy is required following medical.



Inform GP and Health Visitor also the Midwife if within 10 days of delivery

**For Children’s Social Care phone:**

<b>DURHAM</b> First Contact <b>24 Hour line</b> 03000 267979	<b>DARLINGTON</b> CAP Children Access Point <b>During office hours</b> 01325 406222	<b>DARLINGTON</b> Emergency Duty Team <b>Out of Office Hours</b> 0870 2402994
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**To contact a Paediatrician:**

Please call the appropriate switchboard and ask to speak to the on call Paediatrician.

<b>DURHAM</b> University Hospital North Durham 0191 333 2333	<b>DARLINGTON</b> Darlington Memorial Hospital 01325 380 100
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## Responsibilities of Practitioners.

1. When abuse is suspected in a **seriously ill or injured child**, that child should be referred immediately to hospital and transported by ambulance. A referral should be made as soon as possible to Children's Social Care.
2. Any bruising in a non-mobile child should raise suspicion of maltreatment and must result in an immediate referral to Children's Services and on call paediatrician. This referral is the responsibility of any professional who has observed or been made aware of a bruise on a non-mobile child. A discussion should be held between the professional concerned and Children's Social Care as to the safe transport and escort of the child to hospital.
3. It is the responsibility of the referrer to contact the Duty Paediatrician at the hospital to which the child will be taken and an urgent medical will be arranged. All relevant information held to be shared by the referrer.
4. Following verbal risk assessments, between referrer and children's services a decision will be made regarding the need for children's services to transport to hospital or if self-transport to hospital is agreed. The referrer must check that the baby has presented at hospital within 2 hours of the agreed time. Referrer must inform the parents that if they do not attend hospital within given timescale Police and Social Worker will attend the family home to escort to hospital.
5. An urgent safeguarding medical must be undertaken by a Consultant Paediatrician. Following this medical if there are safeguarding concerns the paediatrician will contact Children's Services. It is the responsibility of Children's Social Care and the Paediatrician to decide, through consultation if bruising is consistent with an innocent cause or not and whether the social worker is required to attend to convene a strategy.
6. Non-mobile children are defined as not yet rolling, crawling, cruising or walking independently or are older children who are not mobile because of a disability. RCPCH (2013). Practitioner should include all children less than 6 months.

### References:

NICE clinical guidelines 89: When to suspect child mistreatment, July 2009

<https://www.nice.org.uk/guidance/cg89>

Royal College of Paediatrics and Child Health (2013), Child Protection Companion 2013

2nd Edition <https://www.rcpch.ac.uk/key-topics/child-protection>

### Links:

<https://www.rcpch.ac.uk/resources/child-protection-evidence-bruising>

<https://www.nice.org.uk/guidance/cg89>

<http://www.durham-lscb.org.uk/>

<http://www.darlingtonsafeguardingboards.co.uk/>

<https://adc.bmj.com/content/100/5/426>