

Patient Information

Bruising or Injury to Babies and Non-mobile Children Information for Parents and Carers

SAMPLE

This leaflet has been provided to explain the action Royal Devon University Healthcare NHS Foundation Trust staff must take if they identify a bruise or mark in a baby or non-mobile child. Everyone working with children must follow the bruising procedures when they find a bruise or a mark on a baby or non-mobile child. Sometimes, even when children are moving around by themselves, there can be concern about how a mark or bruise occurred.

Is bruising common in babies and non-mobile children?

No. Bruising and injuries in children who are not pulling to stand, cruising or walking independently are unusual. It is very unusual for an immobile child to get an injury during everyday activities such as nappy changes, bathing or feeding. Bruising and other marks can be related to a health condition which has not been previously identified such as a birth mark or a blood disease. Very occasionally bruising may be due to deliberate injury.

A bruise or mark has been noticed on your child. Accidents do occur.

You may feel that you are able to explain the reason for your child having a bruise or mark. However, your child will still need to be carefully assessed by a Consultant Paediatrician (specialist children's doctor) to be able to determine the possible cause of the bruise or mark and to identify any possible medical condition your child may have. In all these situations a referral should always be made to MASH (multiagency safeguarding hub).

What will the paediatrician do?

The Paediatrician will carry out a full examination which includes undressing your child. They will ask for your consent as the parent or carer to perform examinations or other tests. Once the examination has been completed the Paediatrician will discuss the outcome of their assessment with you.

Further investigations may be required such as taking blood from your child, skeletal survey X-rays, a CT or MRI scan to ensure there are no underlying health condition or injuries.

Skeletal Survey

A skeletal survey takes place over two visits about two weeks apart. It is an x-ray examination of the whole body and will involve about 30 separate images. It takes approximately 2 hours to perform. You and your child will be supported throughout the process. Your child will need to keep still for each image taken. You may be able to help with this. You may want to bring your child's favourite toy or comforter. Sometimes your child will be sedated. This will be discussed with you. You will need to wear a special protective apron whilst holding your child to prevent your exposure to x-rays. If you are or could be pregnant, you must tell the Radiographer. You will not be allowed to hold your child in this case. The results will be discussed with you by the doctor looking after your child.

Sometimes recent injuries are not visible initially so a further second series of images will need to be taken 11-14 days after the first series. You should ensure that your child returns for the second appointment.

CT and MRI scans

A CT scan of the brain and skull is the most commonly performed scan and is relatively quick although your child will need to lie very still. If you are pregnant, you will not be allowed to stay with your child. In

some cases, a CT scan of the chest or an MRI scan of the brain and spine may be needed. An MRI study can take up to an hour and is noisy and sometimes sedation is used to keep your child still.

The results of these tests will be discussed with you by the doctor looking after your child.

What are the risks of radiation?

We are all exposed to background radiation every day of our lives. This is made up of cosmic rays, radon; from some foods and the ground. Every x-ray also gives us a small additional dose of radiation. Skeletal survey x-rays are equivalent to a few months of normal background radiation and a CT scan of the head is equivalent to about 12-18 months of background radiation.

MRI and ultrasound do not use x-rays. Radiation exposure can increase the risk of cancer but published research has shown that the additional cancer risk of your child undergoing a CT head scan is very, very small. Despite this we take the utmost care to keep our x-ray doses as low as possible. Your child will not be exposed to any more radiation than needed to gain good quality imaging.

If you wish to hold or comfort your child during the x-ray or CT scan, then you will need to wear a protective lead coat. If you do comfort or care for your child during the x-ray, the estimated additional dose of radiation you may receive is equivalent to 3 weeks of normal background radiation. For a head CT, this is equivalent to 1 week of normal background radiation.

What happens now?

Children's social workers will check whether you have received services from them in the past and may ask for information from your GP and your Health Visitor or School Nurse. They may contact the Police to ask them to assist with information gathering. If necessary they may make arrangements to speak to you and may want to visit you at home.

Referral to Children's Social Care Services is not an accusation of wrongdoing, but a way of looking for causes of bruising or injury in your child. They will discuss their findings with the Paediatrician who examined your child to decide together whether any further action needs to be taken.

If it is not possible to explain the cause of your child's bruise or if it is thought that someone may have harmed your child it may be necessary for visiting to be restricted and/or care to be supervised. This will always be explained to you. Please do not hesitate to ask questions.

Why does this process have to be followed?

We know this can be very upsetting but the only way of picking up serious causes of injury to children where it does occur is to investigate every case. Some parents need more support for caring for their child. Identifying small injuries to children and providing their parents with support can prevent more serious harm occurring. Please be reassured that you will be treated with courtesy and sensitivity and your explanations will be listened to and discussed with you. You will be kept informed and you can ask questions at any time.

SAMPLE

This information can be offered in other formats on request, including a language other than English and Braille.

RD&E main switchboard: 01392 411611

For Royal Devon services log on to: <https://royaldevon.nhs.uk>

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