NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Bruising or injury in non-mobile children

A guide for parents to the skeletal survey and safeguarding medical assessment

Other formats

If you need this leaflet in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, contact the Patient Advice and Liaison Service:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- rduh.pals@nhs.net

Introduction

This leaflet explains the Royal Devon bruising and injury protocol. This protocol is followed by all hospitals in Devon, and similar protocols are used in NHS hospitals across the country.

Is bruising or injury common in non-mobile babies and children?

No. It is very unusual for babies who are not yet rolling, crawling, or walking to develop bruises or injuries during normal daily activities such as feeding, bathing, or nappy changing.

This also applies to non-mobile children who are unable to move around independently.

Sometimes bruising may be caused by an underlying medical condition, such as a bleeding disorder or blood disease that has not previously been identified. Very occasionally, bruising may be caused by deliberate injury.

A bruise, mark, or injury has been noticed on your child. Accidents can happen.

You may feel able to explain the reason for your baby having a bruise, injury or mark. However, your child will still need careful assessment.

A consultant paediatrician (specialist children's doctor) may be needed to identify whether a mark is a bruise, another type of skin change, or linked to a medical condition.

What happens next?

All professionals working with children must follow the bruising and injury protocol when bruising or injury is identified in a non-mobile baby or child.

Sometimes concerns may also arise in older mobile children, depending on how an injury occurred. In these situations, a referral to children's social care is always made.

What will the paediatrician do?

The paediatrician will carry out a full examination of your child, which will include undressing them.

You will be asked for your consent before any examination or tests are carried out.

After the assessment, the paediatrician will discuss the findings with you.

Further investigations may sometimes be needed. These may include:

- Blood tests
- A skeletal survey (a series of X-rays)
- A CT scan
- An MRI scan.

These tests help doctors look for any underlying medical conditions or injuries. Some investigations take time and may mean your child needs to stay in hospital for a few days.

Skeletal survey

A skeletal survey is a series of X-rays used to examine all the bones in your child's body. Usually, between 20 and 30 images are taken.

The skeletal survey takes place over two visits, usually around two weeks apart. This is because some recent injuries may not be visible on the first set of X-rays. A second set of images is therefore needed 11–14 days later.

It is important that your child attends both appointments.

What happens during the appointment?

Each visit usually takes around one to two hours. You and your child will be supported throughout the procedure. Two radiographers will carry out the X-rays and a nurse or another health care professional will also be present for the duration of the examination. The radiographers will position your child for each X-ray.

Your child will need to keep as still as possible while each X-ray is taken. You may be able to help with this. Bringing your child's favourite toy, dummy, blanket, or comfort item may help them feel more relaxed.

Sometimes children may need medication to help them relax or sleep during the procedure (sedation). If this is needed, it will be discussed with you beforehand.

One of the radiographers will ask a consultant radiologist (specialist doctor trained to look at X-rays) to check all of the X-rays and the radiologist may ask for some more X rays to be performed, as they may want to see some bones from different angles, this is very normal and nothing to be concerned about.

CT brain scan

Your child may need a CT scan of their brain and skull. A CT scan is a quick type of scan that uses X-rays to produce detailed images.

During the scan, your child will need to lie very still. Sometimes medication to help your child relax or sleep (sedation) may be needed.

If you are pregnant, or think you may be pregnant, you will not be able to stay in the scan room during the procedure.

The doctor caring for your child will discuss the results with you.

MRI brain and spine scan

Your child may also need an MRI scan of the brain and spine. An MRI scan uses magnets and radio waves to create detailed images and does not use X-rays.

MRI scans take longer than CT scans, and your child will need to remain very still throughout the test. Because of this, sedation or a general anaesthetic is often needed.

This will be discussed with you beforehand by the doctor caring for your child.

Results

The consultant radiologist will study all the X-rays and scans in detail and write a formal report. The results of scans and investigations are usually available within 24 hours. The doctor caring for your child will inform you or your Social Worker about the results when they are available.

Radiation risks

We are all exposed to small amounts of natural background radiation every day from the environment, including the ground, some foods, radon gas, and cosmic rays.

X-rays and CT scans give a small additional dose of radiation:

- A skeletal survey gives a radiation dose like a few months of normal background radiation
- A CT scan of the head gives a dose like 12–18 months of normal background radiation

- MRI scans and ultrasound scans do not use X-rays or radiation.

Exposure to radiation can slightly increase the risk of cancer. However, research shows that the additional risk from a CT head scan is very small.

We always take great care to keep radiation doses as low as possible. Your child will only receive the minimum amount of radiation needed to obtain clear images.

Supporting your child during scans

If you wish to comfort or hold your child during an X-ray or CT scan, you will need to wear a protective lead apron.

The amount of additional radiation you may receive is very small:

- During X-rays, it is like three weeks of normal background radiation
- During a head CT scan, it is like one week of normal background radiation.

If you are pregnant, or think you may be pregnant, please tell the radiographer before the scan. In this situation, you will not be able to hold your child during the X-rays.

What will children's social care do?

Children's social care will check whether your family has received support from them in the past. They may also request information from:

- Your GP
- Your health visitor
- Your child's school nurse.

They may contact the police to assist with gathering information.

Children's social care may contact you by phone or arrange to meet with you in person. They may also wish to visit you at home.

A referral to children's social care is not an accusation of wrongdoing. It is part of the process of understanding why a bruise or injury may have happened, in the same way doctors investigate possible medical causes.

Children's social care and the paediatrician will discuss their findings together to decide whether any further action is needed.

If the cause of the bruise or injury cannot be explained, or if there are concerns that someone may have harmed your child, further safeguarding actions may be necessary.

Why does this need to happen?

We understand that this process can feel upsetting and worrying.

However, the only way to identify serious causes of bruising or injury is to carefully investigate every case in which it occurs.

Please be reassured that you and your child will be treated with courtesy, sensitivity, and respect throughout the process. Your explanations will be listened to carefully and discussed with you.

You will be kept informed at all times and you are welcome to ask questions whenever you need to.

Finally

If you find reading this leaflet difficult or your do not understand what it means for you, please call Exeter 01392 402336, selecting option one, then option five or North Devon 01272 and we can talk it through or alternatively you can email us rduh.radiologyappointments@nhs.net (Exeter)

More information and how to get here

For more information about our departments and how to get to the hospitals please refer to the webpage below:

https://www.royaldevon.nhs.uk/our-sites/

For more information on the imaging departments please visit our website:

NHS Royal Devon | Medical Imaging (Radiology, X-ray) (www.royaldevon.nhs.uk/services/medical-imaging-radiology-x-ray/)

Contact Information

Royal Devon University Healthcare NHS Foundation Trust

Northern services

Raleigh Park
Barnstaple
Devon
EX31 4JB
Telephone: 01271 322577

Eastern services

Barrack Road
Exeter
Devon
EX2 5DW
Telephone: 01392 411611

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, please contact PALS:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- rduh.pals@nhs.net

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

You can also share your feedback on the Care Opinion website at www.careopinion.org.uk or freephone 0800 122 3135.

Scan the QR code to visit the Care Opinion website →

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www.royaldevon.nhs.uk

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