INQUIRE
- History of abuse
- Low educational and socioeconomic status
- Young and/or single parent
- Unwanted pregnancy
- Child with medical and/or behavioral condition
- Domestic violence

IDENTIFY

<table>
<thead>
<tr>
<th>Commission</th>
<th>Ommission</th>
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<tbody>
<tr>
<td>Sexual, physical, or psychological</td>
<td>Medical, educational, emotional, or physical</td>
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INTERVENE
- Screen for abuse and neglect at all patient interactions.
  - Head and thoracoabdominal trauma (shaking, direct impact, rapid deceleration), rib fractures (squeezing), metaphyseal fractures (forcible pulling or twisting of extremities)
  - Inconsistent history or delay in seeking care
  - Witnessed inappropriate behavior towards child
  - TEN 4 (Trunk, Ears, Neck - 4 years or younger)
  - 4 FACESP (any bruising less than 4 months old - Frenulum, Auricular area, Cheek, Eyes, Sclera, Patterned bruising)
  - Glove and stocking pattern of burns
- Acknowledge frustrations and review coping strategies.
- Consider a trauma work-up.
  - CBC, Lipase, LFTs, PT, PTT, UA
  - Skeletal survey (both younger and older than 1 year old)
  - Head CT if younger than 2 years old
  - MRI brain and perform abdominothoracic CT if indicated
  - Drug screen
  - Get pictures of visible injuries if any

DISPOSITION
- When in doubt... Admit or transfer to a children’s hospital
- DO NOT MAKE a CPS referral

NUGGETS
- ALWAYS have your spidey senses up and maintain a high level of suspicion
- Have a low threshold for work-ups and screening for abuse.
  - All healthcare providers are MANDATED REPORTERS
  - Clearly document all findings using quotes if you have to.