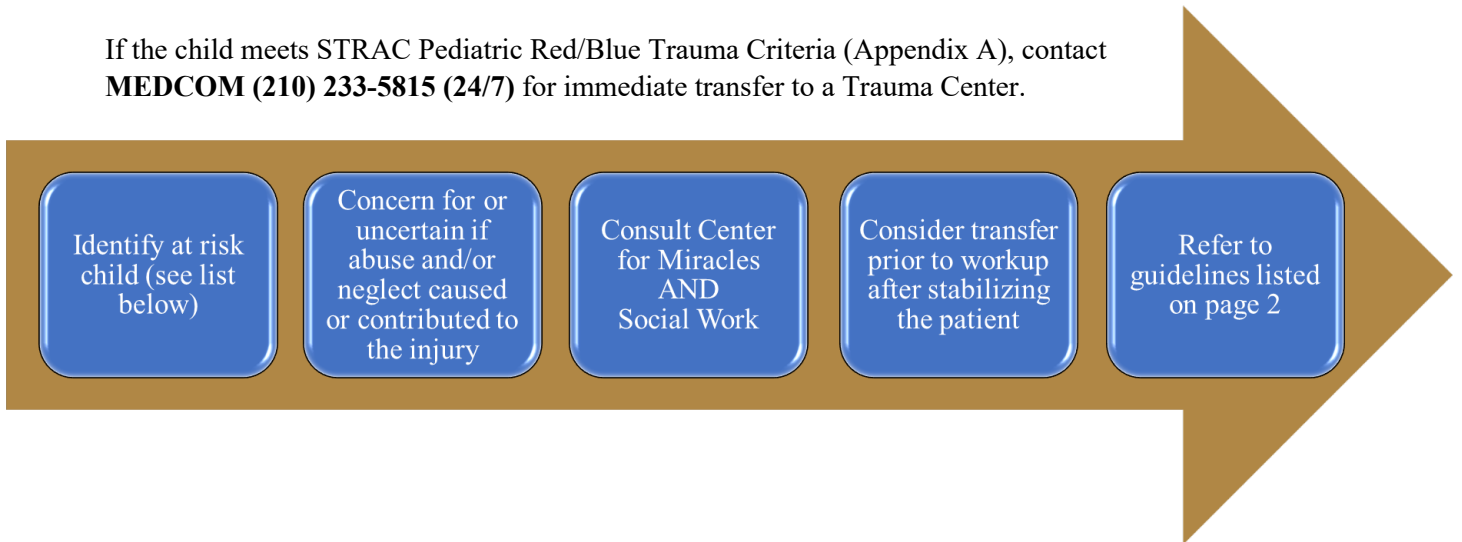


**STRAC Regional Pediatric Committee  
Child Maltreatment Guidelines  
V6, February 2026**

**Purpose:** Identify children who have sustained non-accidental trauma and/or whose injuries were caused by neglect.

If the child meets STRAC Pediatric Red/Blue Trauma Criteria (Appendix A), contact **MEDCOM (210) 233-5815 (24/7)** for immediate transfer to a Trauma Center.



This list is not all inclusive and providers are encouraged to contact the **Center for Miracles (210) 612-8271** if questions or are unsure if an abuse/neglect evaluation is indicated.

- Any unexplained death <18 years of age
- Any unexplained serious injury to a child  $\leq 3$  years of age (nonverbal children)
- Any fatal or near fatal submersion or asphyxiation event
- Any fracture in any child with an inconsistent or unexplained mechanism
- Any bruising in a non-mobile infant or in a child of any age that is patterned, extensive, or located on the ears, neck, or torso including the buttocks and genital region
- Any frenulum tears in a non-ambulatory child
- Any burn in children  $\leq 3$  or unexplained burns of any age
- Any unexplained skull fracture or intracranial injury in a child  $\leq 5$  years of age
- Any retinal hemorrhage in trauma patients
- Any unexplained solid organ or internal injury
- Any sexually transmitted disease in a pre-pubertal child
- Any child  $\leq 12$  years of age with a positive screen for drug/ETOH and/or recent exposure to drugs in the home
- A primary caregiver who appears to be intoxicated or under the influence of a drug and/or ETOH OR with a positive screen for drugs at the time that the child was injured
- Any delay in seeking medical care for a serious injury or condition
- Any child with concern for non-organic failure to thrive
- Any child with an injury that occurred during an incident of family violence
- Any child with concern for caregiver fabricated illness

## WORK-UP FOR DIAGNOSIS AND TREATMENT OF SUSPECTED CHILD

**MALTREATMENT:** *Recommendations for work-up and/or transfer are not all inclusive and providers are encouraged to contact the Center for Miracles (210) 612-8271 if they have questions or are unsure if an abuse/neglect evaluation is indicated.*

- 1. Complete head to toe physical examination to include in and around ears, mouth, genitals, and buttocks.** Photo document any injuries including burns if available per local policy.
- 2. File report with Child Protective Services at 1-800-252-5400.** Consider also reporting directly to Law Enforcement for egregious injuries, suspected sexual abuse, or if child or staff safety are at risk.
- 3. Coagulation Screen (with nonpatterned or extensive bruising or intracranial hemorrhage):** CBC, PTT, INR (PT if available).  
<https://publications.aap.org/pediatrics/article/131/4/e1314/31825/Evaluation-for-Bleeding-Disorders-in-Suspected>
- 4. Abdominal Trauma Screen (with abdominal bruising, abdominal symptoms, or other concerns for intra-abdominal injury):** CMP (including ALT & AST)
- 5. Bone Health Screen (with multiple fractures or abnormal bone appearance):** CMP (including Ca and Alkaline Phosphatase), Magnesium, Phosphorus, 25-OH Vitamin D.
- 6. Complete Skeletal Survey** if 24 months of age or less. Consider in older children if egregious injuries, child is nonverbal, or other clinical indications. If patient condition and time permits, study should be performed in Radiology.
- 7. CT Scan of Head without Contrast and with 3D Reconstruction** if 6 months of age or less, whether symptomatic or not. CT scan of head without contrast in older children if CNS symptoms, multi-system trauma or other clinical indications.
- 8. MRI Brain and Whole Spine without Contrast** if CT scan of the head with abnormal intracranial findings AND continued concern for physical abuse. If possible, wait to obtain until 48-72 hours after the initial head CT.
- 9. CT Abdomen/Pelvis with IV Contrast** if abdominal trauma suspected, polytrauma, or if ALT or AST are >80 (most sensitive screen for abdominal trauma in the absence of other signs). Should be performed after CT Head (if CT Head is indicated).
- 10. CT Chest with IV Contrast** if major chest blunt/penetrating trauma is suspected.
- 11. Ophthalmology Consultation (recommended within 24-72 hours)** if intracranial blood is found on radiographic imaging that is concerning for physical abuse, **AND THE PATIENT HAS BEEN CLEARED BY NEUROSURGERY FOR PUPILLARY DILATION.** Request photo documentation of positive findings.
- 12. Consults to Social Work and Center for Miracles (210) 612-8271.** Consider mental health evaluation for children 5 years of age and older.
- 13. If Suspected Sexual Assault (last contact within 120 hours):** contact the Sexual Assault Nurse Examiner (SANE) team. If the last known sexual contact exceeds 120 hours, make a report to CPS and Law Enforcement. Providers may contact the Center for Miracles (210) 612-8271 with any questions.

**APPENDIX A**  
**STRAC Regional (TSA-P) Red/Blue Trauma Alert Criteria for  
Pediatric Patients 17 Years of Age and Under**

**If any RED CRITERIA met, transport to Level I Trauma Center:**

**RED CRITERIA**

- Patient not awake and appropriate
- Active airway assistance required (ie. more than supplemental O<sub>2</sub>), or respiratory distress
- Weak carotid/femoral pulse or absent distal pulses
- BP <70 plus 2X Age (BP <90 age >10)
- Pelvic instability or Chest wall instability or crepitus
- Acute paralysis, loss of sensation, or suspected spinal cord injury
- Amputation proximal to wrist or ankle
- ≥5% BSA partial/full thickness burns
- Penetrating injury to head (or depressed skull fracture), neck, torso, extremities proximal to elbow or knee, excluding superficial wounds
- Crushed, degloved, mangled, or pulseless injured extremity
- Two or more proximal long bone fracture sites

**If one BLUE CRITERIA met, transport to Level III or Level IV Trauma Center; or if two or more BLUE CRITERIA met, transport to Level I or Level III Trauma Center:**

**BLUE CRITERIA**

- Reliable history of any LOC and/or amnesia
- Pregnancy >20 weeks
- Single closed long bone fracture site
- Falls >2X child's height or >10 feet
- Ejection from vehicle (excludes open vehicles)
- Driver w/deformed steering wheel
- Death in the same vehicle
- Pedestrian or bicyclist struck; or motorcyclist thrown, run over, or w/significant impact
- Weight <10Kg (<22lbs) or RED or PURPLE Broselow Tape Zone
- Suspicion of non-accidental trauma

**NOTE:** Paramedic intuition may serve as Red/Blue Criteria override.

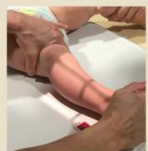
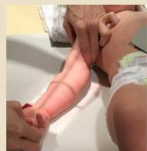
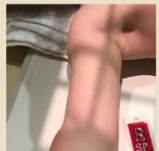
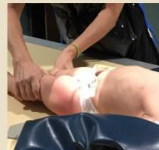
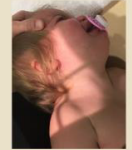
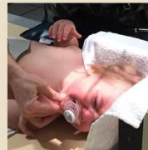
Signs and Symptoms of Traumatic Brain Injury (TBI) include:

- Witnessed or reported LOC
- Dizziness, vertigo, or 'lightheadedness'
- Nausea or vomiting
- Changes in vision, photophobia, or double vision
- Ataxia or new problems walking, standing, or maintaining balance
- Change in mental status, level of functioning, or speech quality

## Skeletal Surveys for Suspected Child Abuse

### Guidance for Following ACR-SPR Practice

### 21 Radiographs - the Minimum Required



#### Skeletal survey (number of X-rays)

**Skull (2)** Frontal and lateral

**Cervical Spine (1)** Lateral

**Thorax (4)** AP, lateral, right and left obliques

**Lumbosacral Spine (1)** Lateral

**Pelvis (1)** AP

**Humeri (2)** AP

**Forearms (2)** AP

**Hands (2)** PA

**Femurs (2)** AP

**Lower Legs (2)** AP

**Feet (2)** AP

#### Points to Remember

1. Proper technique
  - > High resolution while optimizing dose
2. Positioning
3. Collimation
4. Image identification
5. Restraining methods
6. Patient shielding

*Working together to improve performance of Skeletal Surveys for suspected Non-Accidental Trauma*

Adapted from Riley Hospital for Children at Indiana University Health <https://www.rileychildrens.org/>

