

Child Abuse Detection

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Child Abuse Detection

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BACKGROUND

- Child abuse cases and the Child Abuse Screening tool were reviewed with staff by Leadership. The Leadership team discussed with the staff that there were multiple suspected child abuse cases in which a CY47 was filed and the Child Abuse Screening was negative. Concerns were raised due to the process in which the screening tool is used. The Child Abuse Screening is completed in Triage where the patients are fully clothed, and the nurse is unable to fully assess for abuse.

PICO

- **P- ED Nurses**
- **I- Second Screening with Physical Exam**
- **C- Screening only in Triage**
- **O-Nursing Identified cases of Suspected Child Abuse**

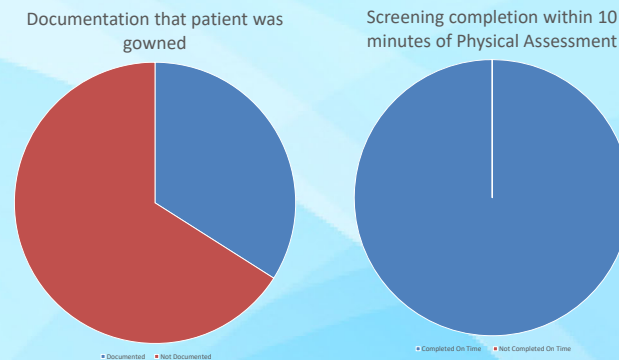
EVIDENCE

- ACS Trauma Quality Programs
 - Best Practice Guidelines for Trauma Center Recognition of Child Abuse recommends that child abuse screening should be completed with a physical assessment
- Development of LVHN's Screening Tool.
- Several research articles recommend physical assessment with screening based on their findings
- LVHN Policies state to document objective findings but does not require physical assessment.
- Suspicious Bruising and Fractures Pathways

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OUTCOMES

- The project was implemented from April 12- May 12
 - The EBP Project Facilitator performed a blind review of 50 charts during that time
 - Documentation that the patient was gowned: 17/50 (34%)
 - Child Abuse Screening documentation within 10 minutes of physical assessment documentation: 50/50 (100%)



Barriers to Project:

- Due to COVID-19, the process for triaging a patient was changed. Usually, patients are triaged then sent back to the waiting room until a bed is available. During this time, the patients were brought directly back to the ER for triage to prevent the gathering of patients in the waiting room
- Due to low patient census, many of the part time and per diem staff were furloughed. Therefore, only full time staff and some of the part time staff were able to be educated on the project.
- Due to COVID-19, the Peds ER location was moved into a different area of the department. Due to this change, the EBP facilitator had a difficult time accessing all the patient's charts that were seen during that time. Therefore, not all patients were reflected in the results.

IMPLEMENTATION

- Information Flyers
 - Informed staff about updating the Child Abuse Screening when needed, performing Screening with physical assessment, and documenting that the patient was gowned
- With the change in the process for triaging patients, the researchers looked for documentation that the patients were gowned and if Child Abuse Screening and the physical assessment were documented within 10 minutes of each other. Under normal circumstances the researchers would have looked for completion of a second screen with physical assessment after the patient was triaged in the waiting room

NEXT STEPS

- Attempt interventions again when the COVID-19 pandemic is not effecting the location and process of the Pediatric ER.
- Educate all Pediatric ER Nursing Staff about the importance of documenting that the patient was gowned and updating the Child Abuse Screen after the completion of a physical assessment or when a CY47 is filed

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