

Name

DOB

Hosp  
No.

NHS

**NOT FOR DISCLOSURE TO PATIENT WITHOUT DISCUSSION WITH MEDICAL STAFF**

## Suspected Inflicted Head Injury Service Proforma

This proforma report will be used by clinicians and may also be passed to social services and, where proceedings are issued to the family court, for Judicial consideration in each case.

This proforma report can be used when examining a child or young person aged 0-8 years.

**Please ensure that all contact details, including secure email addresses, are obtained**

*Or use hospital sticker, but please still obtain contact number and school/nursery*

<b>Name</b>		<b>Surname</b>	
<b>DOB</b>		<b>Gender</b>	<b>Ethnicity</b>
<b>Address</b>			
<b>Phone</b>		<b>School or Nursery</b>	
<i>You may wish to obtain the signature of the parent or carer to confirm the contact details are correct for IG purposes. If so, please use the space below</i>			
<i>I am the parent / carer and I confirm the above details are correct</i>	Signed:	<b>Name:</b>	
<b>Relationship to child</b>			

Where there are concerns about non-accidental head injury and / or neglect, list of documents/data used in generation of this report:

### Documents/data used in generation of report

--

*This proforma should be used in conjunction with Working Together, local and national safeguarding procedures, and RCPCH/RCR guidance.*

**CONSENT FOR MEDICAL EXAMINATION**

I understand that there are concerns about my child's safety or well-being (child protection concerns) and that a medical examination by a children's doctor is required as part of an assessment into these concerns. I understand that this examination is to ensure that the child receives any medical treatment they may require for pain or injury but also to document carefully any marks / bruises / injuries / findings of concern in order for the doctor to consider how they may have been caused.

It has been explained that this **may** include some or all the following (delete if not applicable)

- a) A full medical **history** and complete **examination**;
- b) Taking of **notes, photographs/videos/digital images** for recording and evidential purposes (including second opinions from medical experts and peer review);
- c) **Investigations** if required which may include x rays, blood tests, scans, or others\*
- d) I understand and agree that the doctor/nurse may provide a **statement/report** for the police, social services, paediatric services and the GP;
- e) I understand and agree that a **copy of the medical notes** may be given to professionals involved in the case (e.g. police / lawyers) and may be used in a court;
- f) *(Optional)* I agree to the use of anonymised photographs/videos/digital images/medical notes for **teaching, audit and research**;
- g) I have been advised that I may **withdraw my consent** at any time

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Print \_\_\_\_\_ Parent / Carer /

Professional with parental responsibility

Print \_\_\_\_\_

Signature Young Person \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Print \_\_\_\_\_

(If consenting alone, refer to GMC guidance 0-18 years: guidance for all doctors page 24-29)

Doctor's Signature \_\_\_\_\_

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Print _____
_____ Date _____
_____

If consent has not been obtained from a person with parental responsibility, or a social worker is not present, document here the reasons why.

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\* If further investigations are required appropriate consent should be sought as per Trust Guidance

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**Executive Summary**

**Contributory Specialities**

**Executive Findings and Opinions**

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**NOT FOR DISCLOSURE TO PATIENT WITHOUT DISCUSSION WITH MEDICAL STAFF****Services and Trusts Involved in Case**

Services / GP Practice / Hospital Trusts involved with child / young person around this episode.  
(please take secure email addresses)

Social Worker Name		Email	
--------------------	--	-------	--

Tel		Base	
-----	--	------	--

Social Worker Name		Email	
--------------------	--	-------	--

Tel		Base	
-----	--	------	--

Police Force		Email	
--------------	--	-------	--

Tel		Contact	
-----	--	---------	--

Presentation Trust:		Email	
---------------------	--	-------	--

Tel		Contact	
-----	--	---------	--

Secondary Trust:		Email	
------------------	--	-------	--

Tel		Contact	
-----	--	---------	--

Services already involved:

GP Name		Address	
Contact			

School/Nurse Name		Address	
Contact			

HV/Sch. Nurse Name		Address	
Contact			

<b>CAMHS</b>		Address	
<b>Name</b>			

Contact	
---------	--

<b>Other</b>		Address	
<b>Name</b>			

Contact	
---------	--

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Please record any siblings below		
Name:	Gender Male / Female	
Address (if different from above)	Ethnicity:	
	Religion:	
Date of birth:	School / Nursery:	
Name:	Gender Male / Female	
Address (if different from above)	Ethnicity:	
	Religion:	
Date of birth:	School / Nursery:	
Name:	Gender Male / Female	
Address (if different from above)	Ethnicity:	
	Religion:	
Date of birth:	School / Nursery:	
Name:	Gender Male / Female	
Address (if different from above)	Ethnicity:	
	Religion:	
Date of birth:	School / Nursery:	
Parents / carers contact information		
Name:	Also known as / previous names:	
Address (if different from above):	DOB:	Relationship:
	Parental responsibility? Yes [ ] No [ ]	
Phone number:	Accompanying child/ Young Person?	Yes [ ] No [ ]
Name:	Also known as / previous names	
Address (if different from above):	DOB:	Relationship:
	Parental responsibility? Yes [ ] No [ ]	
Phone number:	Accompanying child/ Young Person?	Yes [ ] No [ ]

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## Family Tree

Document the family structure and relationships along with any medical conditions / impairments. Include names, dates of birth if known (particularly of siblings), if these have not been documented elsewhere.

Family history of excessive bleeding after surgery / dental extraction, pathological / unusual fractures.

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**Any other significant adults?**

Empty text area for recording information about other significant adults.

**Housing (type, who lives where?)**

Empty text area for recording information about housing.

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**Any residence/contact issues?**

**Any other relevant family/social information?**

*NB. Any household members with mental health or substance misuse problems?*

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<b>Presentation History</b>			
Name:		Designation:	
Others present			
Date:		Time:	

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Parental / Carer History			
Name:		Relationship:	
Date:		Time account taken:	
Others present:			
Duplicate as required			

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Past Medical History	
Antenatal, Birth and Neonatal History	
Place of birth:	
Weight:	
Resuscitation:	
Prematurity:	
Was the pregnancy planned / unplanned?	
Any problems?	

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**Previous Illness and Injuries**

Any relevant visits to other hospitals?

--

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**Developmental History**

Gross Motor

Fine Motor

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Vision

Speech language and hearing

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Social and Education

[Empty text area for Social and Education details]

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Examination Findings								
Persons Present								
Time started					Time finished			
Height	cm	Centile		Weight	kg	Centile		
BMI	Kg/m <sup>2</sup>	Centile		HC	cm	Centile		
<p><i>General State of Child</i>            Note clothing, hygiene, infestation, pallor, frozen watchfulness, deprivation.            Emotional state, interaction and attachment to adults present and demeanour during examination.            Any signs of intoxication in child or parent/carer.</p>								
Area	Injury/concern?		If 'Yes' - Comments (also see body map)					
	NE = Not Examined							
Scalp/hair	Y [ ] N [ ] NE [ ]							
Face	Y [ ] N [ ] NE [ ]							
Eyes	Sclera		SCH present		Retinas			
	Blue [ ] NAD [ ]		Left Y [ ] N [ ] Right Y [ ] N [ ]		Left Y [ ] N [ ] NE [ ] Right Y [ ] N [ ] NE [ ]			
Ears	Y [ ] N [ ] NE [ ]							
Oral cavity/teeth	Y [ ] N [ ] NE [ ]		Comment on dentition					

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<b>Neck</b>	Y [ ] N [ ] NE [ ]	
<b>Chest / Resp</b>	Y [ ] N [ ] NE [ ]	
<b>Cardiac</b>	Y [ ] N [ ] NE [ ]	
<b>Abdomen</b>	Y [ ] N [ ] NE [ ]	
<b>Spine</b>	Y [ ] N [ ] NE [ ]	
<b>Limbs</b>	Y [ ] N [ ] NE [ ]	
<b>Neuro</b>	Y [ ] N [ ] NE [ ]	
<b>Skin</b>	Y [ ] N [ ] NE [ ]	
<b>Other concerns</b>		

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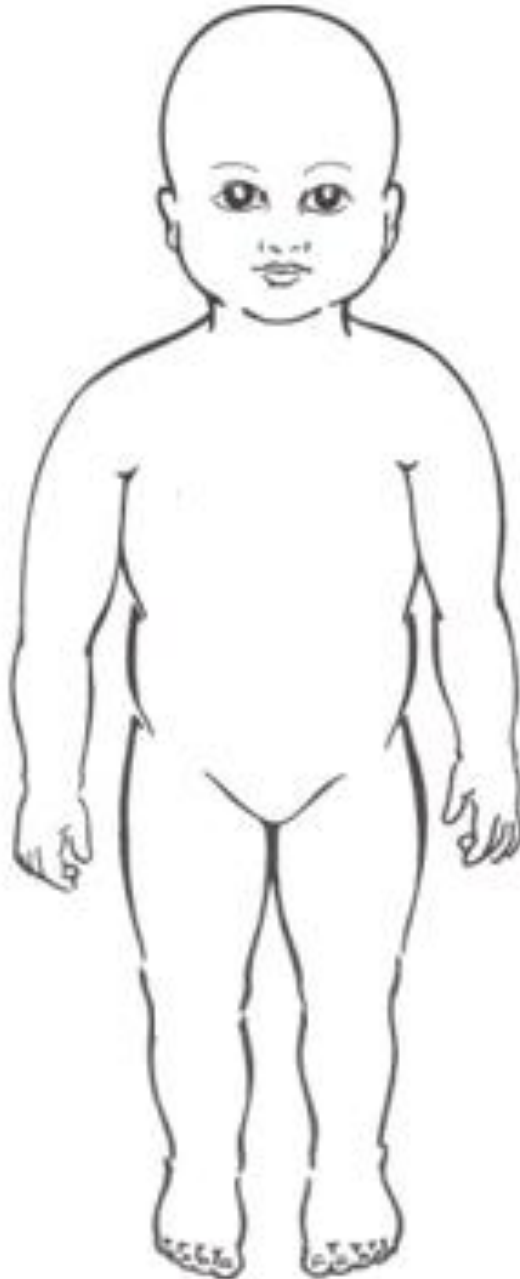
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## Body Map

Space for sticker if required

*Record the location of any bruises, marks, rashes, or other lesions. Clearly label each mark with a line and number and use table provided on page 25 to fully describe*



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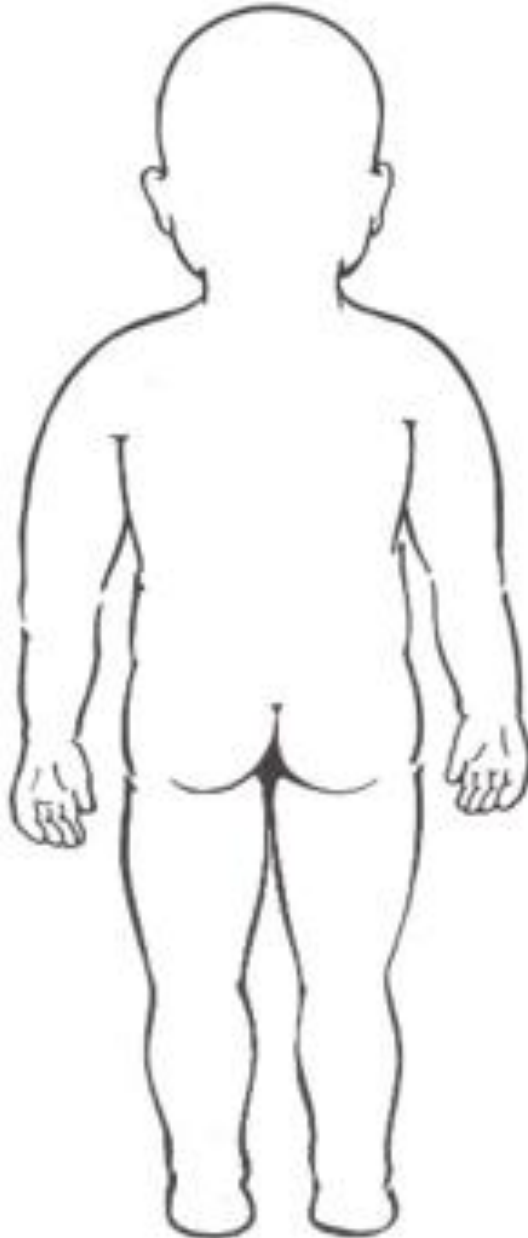
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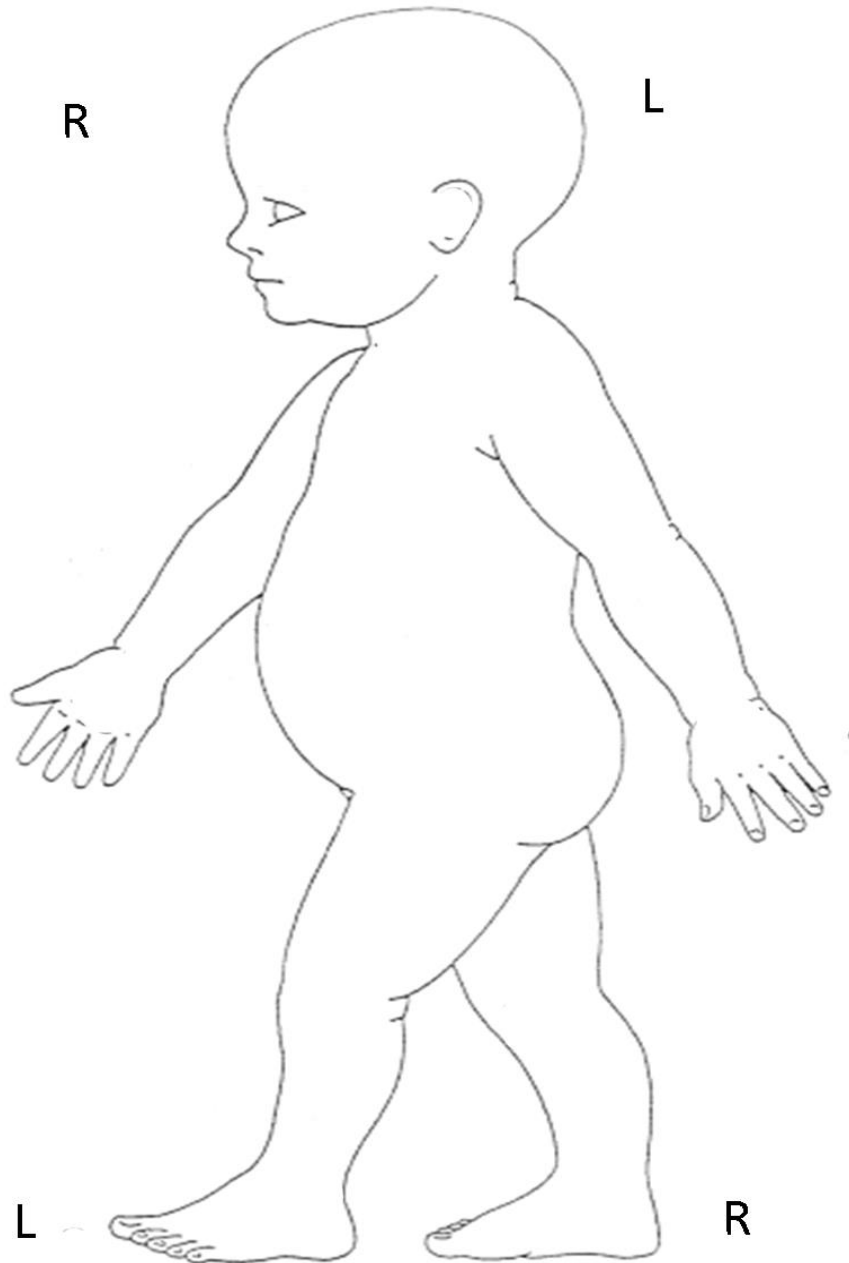
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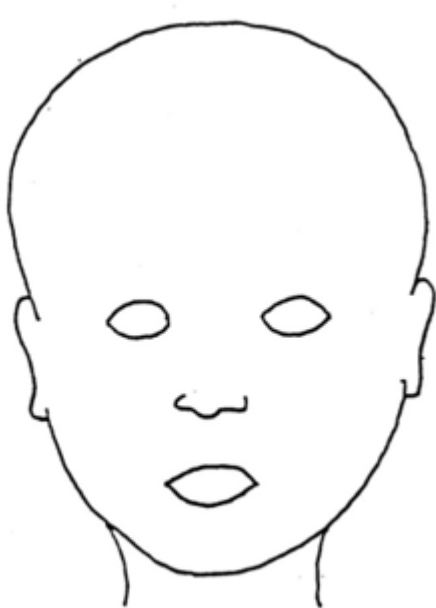
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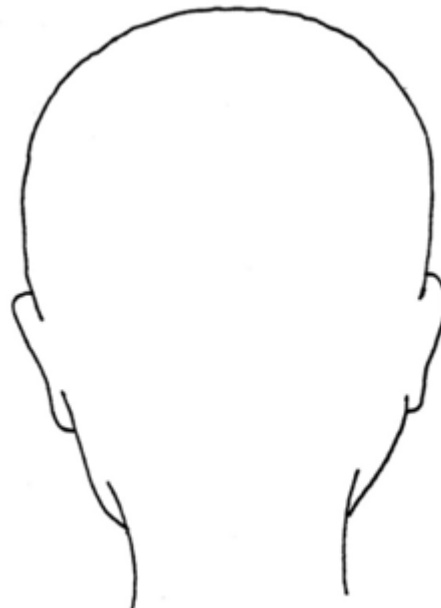
## Body Map

Space for sticker if required

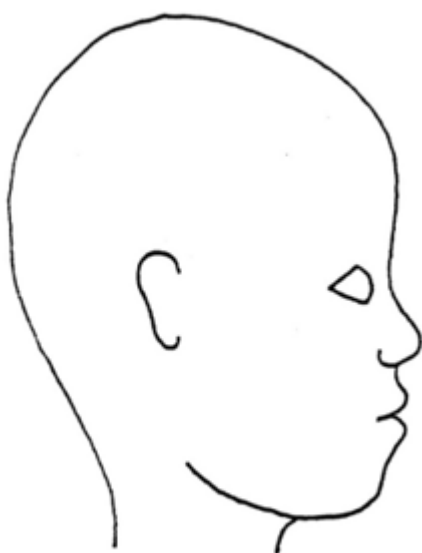
*Record the location of any bruises, marks, rashes or other lesions. Clearly label each mark with a line and number and use table provided on page 25 to fully describe*



**FRONT**



**BACK**



**RIGHT**



**LEFT**

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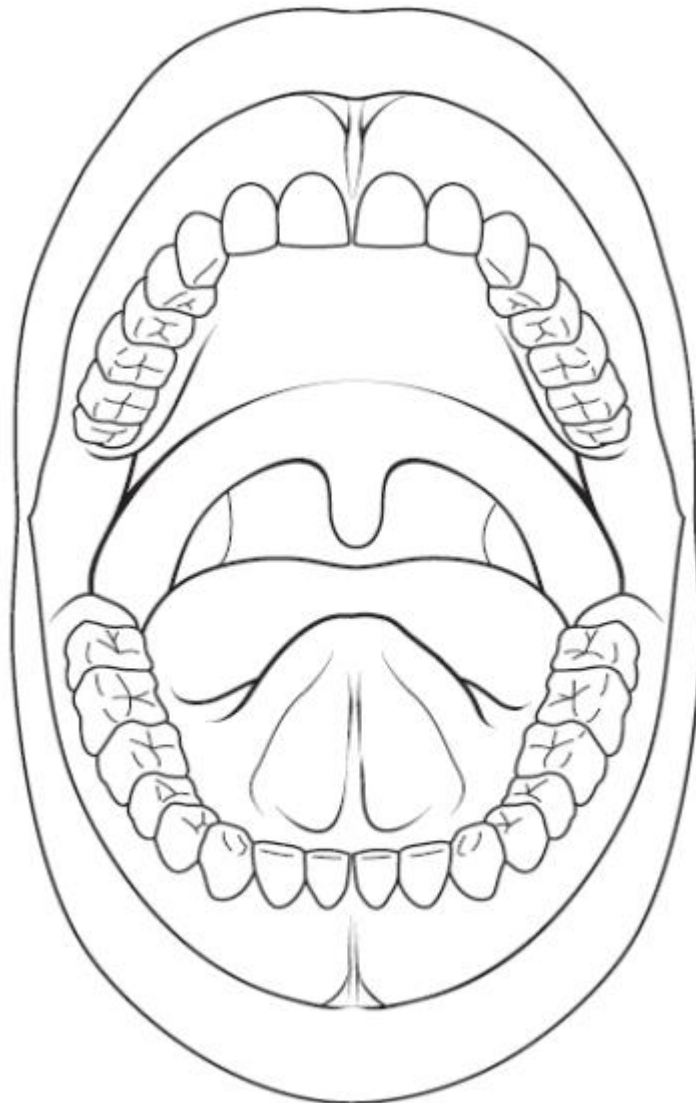
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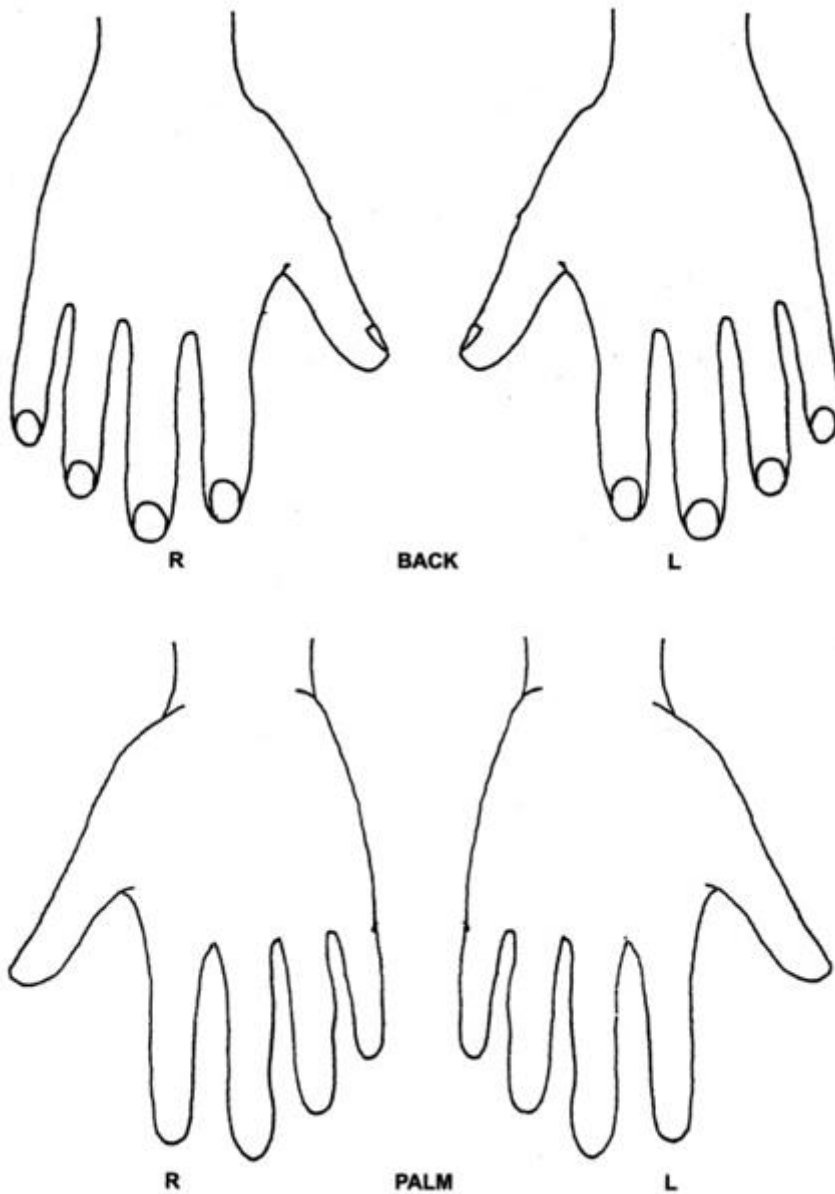
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Space for sticker if required

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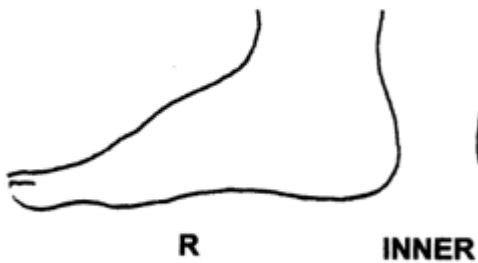
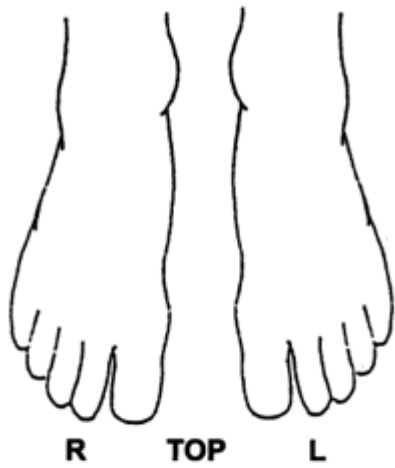
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Record the location of any bruises, marks, rashes or other lesions. Clearly label each mark with a line and number and use table provided on page 25 to fully describe



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# Specific Findings

Size (cm)	Description <i>(Include type, depth, positions in relation to bony prominences, colour, shape, definition, character.</i>	Explanation (verbatim) from Child or Young Person	Interpretation

**Specific Findings (Table Two)**

No.	Photo (tick)	7	8	9	10	11	12
-----	--------------	---	---	---	----	----	----

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**Investigations** *(where indicated)*

*See Appendix for suggested or specialist investigations / referrals etc.*

Investigation	Sent (date)	Result	Parents or carers informed (date)
FBC		Normal [ ] Abnormal [ ] Action:	
Unexplained bruising coag screen (1st line)		Normal [ ] Abnormal [ ] Action:	
Unexplained fracture screen		Normal [ ] Abnormal [ ] Action:	
		Normal [ ] Abnormal [ ] Action:	
		Normal [ ] Abnormal [ ] Action:	

**Investigations**

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**Bloods for bruising / Head injury**

- Unusual bruising / bleeding out of proportion to the injury, including infants with subdural and/or retinal haemorrhage.
- Any indications in the history or examination of a bleeding disorder
- Generally, not indicated if the only bruising is clearly result of a slap / blow with an instrument

**1<sup>st</sup> line haematological investigations**

- Prothrombin time (PT); not International Normalised ratio (INR) Activated partial thromboplastin time (aPTT), Thrombin Time, Fibrinogen (Clauss)
- Full blood count and film (*and mean platelet volume if thrombocytopenic*)
- Assays of Factor VIIIc, Von Willebrand factor (*VWF antigen and VWF activity*)

If first line investigations are abnormal, discuss with haematologist about significance and any further investigations.

**2<sup>nd</sup> line haematological investigations**

In a child less than two years old:

- Screen for Heritable severe disorders of platelet function (either by Closure Time using PFA-100 or by Flow Cytometry quantitation of platelet glycoproteins Ia, IIa/IIIb)
- Factor XIII screen/assay.

In a child > two years old:

- Platelet aggregation
- Factor XIII screen/assay.

Factor XIII assay/screen should be performed if there is unexplained intracranial haemorrhage at any age

**Unexplained skeletal injury**

If a skeletal survey is to be performed, bone investigations should be done **at the same time** whether or not there known to be a fracture.

- Calcium and phosphate, alkaline phosphatase
- Serum 25-hydroxyvitamin D
- Parathyroid hormone

*(NB BPABG advise that level of 25 hydroxyvitamin D not relevant in causation of fracture unless radiological evidence of rickets using conventional x-ray techniques and biochemical evidence of rickets)*

**In head injury, also consider:**

- Septic screen to exclude infection.
- Urine sample for toxicology

**Other considerations:**

Liver serology / pancreatic enzymes and potentially also abdominal imaging (CT) any age where there are grounds to suspect intrabdominal injury – e.g. those who present unconscious, those found to have occult injury on skeletal survey and/or brain imaging, infants <6m with bruising, abnormal LFT/pancreatic enzymes, or where there are any factors on history or examination to raise concern of intraabdominal injury.

Normal serology does not exclude injury.

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Paediatrics			
Consultant name:			
Date:		Time:	
Family Structure			
History of presentation			

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Additional carer history of presentations where available

Past medical History

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Medication History

Birth History

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Developmental History

Examination findings including normal findings (e.g. appearance of sclera and frenulum)

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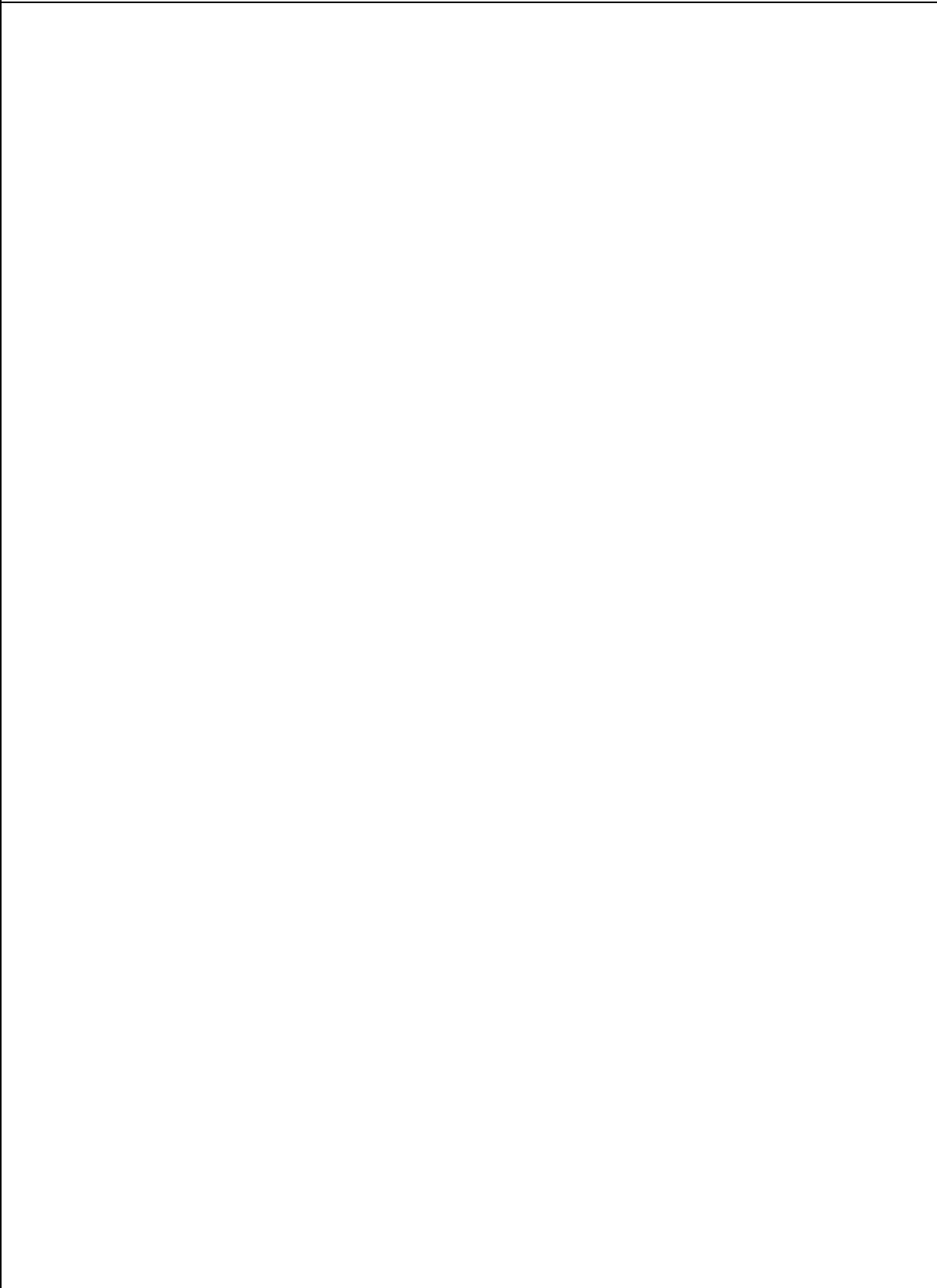
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Photodocumentation of external injuries



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<b>Neuroradiology</b>
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Consultant name:	
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Date:		Time:	
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<b>Local Reports</b>
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<b>Imaging Available and Location</b>
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Adequacy of Imaging

**Imaging Review**

Soft tissues

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Bone

Extra-axial spaces

Brain

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Spine

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**Summary of imaging findings and opinion**

Pathophysiology

Timing

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Birth related

Disclosed injury

Undisclosed injury

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Risk factors
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Radiology			
Consultant name:			
Date:		Time:	
Local Reports			
Imaging available and location			
Adequacy of imaging			

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**Imaging Review**

Bone appearances

Fractures

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**Summary of imaging findings and opinion**

Disclosed injury

Undisclosed injury

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Risk factors

[Empty box for recording risk factors]

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Neurosurgery			
Consultant name:			
Date:		Time:	
Interpretation of presentation			
Correlation with neuro-imaging findings			

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## Neurosurgical Opinion

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### Ophthalmology

Consultant name:

Date:

Time:

Adequacy of assessment

Findings

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Ophthalmological Opinion

[Empty box for Ophthalmological Opinion]

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### Haematology

Consultant name:

Date:

Time:

Testing completed

Findings

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Haematological opinion

Further testing requirements

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### Microbiology

Consultant name:

Date:

Time:

Testing completed

Findings

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Microbiology opinion

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Genetics			
Consultant name:			
Date:		Time:	
Clinical genetics opinion			
Testing completed			

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Recommended further testing

Genetics opinion

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**Summary and Opinion (page 1 of 2)**

*(Photocopy this and next page and give to Social Worker at the time of exam)*

**Summary of medical history and clinical findings**

What injuries are visible?  
 Is there an organic cause?  
 Do we have an underlying propensity for the underlying injuries?  
 If this is thought to be traumatic? Yes or No  
 If traumatic, accidental or inflicted?  
 Timing?  
 Birth related?  
 Reaction of a child to the injuries seen as evidenced by a present carer?  
 Reaction of a child to the injuries by a carer not present at the time of injury?  
 Appropriate explanation given?  
 Additional tests required/waited/or expertise sought?

**Accidental**

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<b>Conclusion and Medical Opinion</b>	<i>[ ] tick if further results expected</i>
Based on information available <b>at this time</b> , and on the balance of probabilities	
<input type="checkbox"/> Inflicted / Non-accidental Injury <input type="checkbox"/> Accidental – WITH concerns <input type="checkbox"/> Accidental - no other concerns <input type="checkbox"/> Medical causation <input type="checkbox"/> Unclear ( <i>see full report</i> )	
<b>I would also like Social Care to consider the following concerns</b> ( <i>ensure these are in the body of the report</i> )	
<input type="checkbox"/> Neglect <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Poor supervision <input type="checkbox"/> Domestic abuse <input type="checkbox"/> CSA	
Other (describe):	

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**Summary and Conclusions (page 2 of 2)**

*(Photocopy this & previous page and give to Social Worker at exam)*

Opinion discussed with Consultant Paediatrician (if required)

Name

Date

Time

Consultant  
seen?

Yes [ ] No [ ]

Information given to parents / carers

Summary and Opinion

**Safety Plan: To be completed by Social Care**

I confirm s47 procedures are in place and appropriate strategy discussions have been held: **Yes [ ] No [ ]**

Safety Plan:

*If you are awaiting advice from your team manager, please indicate which of the following arrangements you think is warranted and ensure that you send the definitive plan to the **secure email address the following working day.***

Immediate place of safety pending further assessment [ ]      Home - additional supervision arrangements [ ]

Home - no additional safety measures [ ]      Other – describe:

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<b>If the child or young person is to remain an inpatient:</b>			
Document supervision arrangements advised by social care:			
CYP medically fit for discharge now [ ] Expected to be fit for discharge on ____/____/____			
<b>Written opinion shared and agreed with social worker</b> (e.g. photocopy this and previous page)			
If social worker not present arrange delivery – e.g. by secure email to Duty Team			
<b>Signed SW</b>		<b>Date / Time</b>	
<b>Name SW</b>		<b>Designation</b>	
<b>Signed Dr</b>		<b>Date / Time</b>	
<b>Name Dr</b>		<b>Designation</b>	
<b>GMC No.</b>			

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<b>Appendix Table</b>		
<i>(Tick as appropriate)</i>		
Bloods	Yes:	No:
Results	Yes:	No:
Radiological investigations	Yes:	No:
Further investigations	Yes:	No:
If no, why?:		

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**Name****DOB****Hosp  
No.****NHS****NOT FOR DISCLOSURE TO PATIENT WITHOUT DISCUSSION WITH MEDICAL STAFF****Appendix: Specialist Investigations and Opinions**

<b>MRI / CT brain</b>		<b>Date Requested</b>	
<b>Name 1st opinion</b>		<b>Status</b>	
<b>Contact details</b>		<b>Date opinion</b>	
<b>Name 2nd opinion</b>		<b>Status</b>	
<b>Contact details</b>		<b>Date opinion</b>	
<b>Skeletal Survey</b>		<b>Date Requested</b>	
<b>Name 1st opinion</b>		<b>Status</b>	
<b>Contact details</b>		<b>Date opinion</b>	
<b>Name 2nd opinion</b>		<b>Status</b>	
<b>Contact details</b>		<b>Date opinion</b>	
<b>Follow-Up Skeletal Survey</b>		<b>Date Requested</b>	

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**Appendix: Additional History / Supplemental Notes**

*(print extra as required)*

Name:

Others  
present

Relationship

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If using multiple copies of this page – please **clearly assign unique page numbers** below (e.g. write page 29, 30...)

Page number: \_\_\_\_ of \_\_\_\_

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<b>Ophthalmology</b>		<b>Date Requested</b>	
<b>Name</b>		<b>Status</b>	
<b>Contact</b>		<b>Date opinion</b>	
<b>Other</b> (e.g. plastics, forensic dentist, orthopaedics)		<b>Date Requested</b>	
<b>Name</b>		<b>Status</b>	
<b>Contact</b>		<b>Date opinion</b>	

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<b>Neuroradiology</b>		<b>Date Requested</b>	
<b>Name</b>	DOB [redacted] No. [redacted]	<b>Status</b>	[redacted] <b>CAL STAFF</b>
<b>NOT FOR DISCLOSURE TO PATIENT WITHOUT DISCUS</b>			
<b>Contact</b>		<b>Date opinion</b>	
<b>Safeguarding Office</b>		<b>EMCYPSAS (CSA)</b>	
<b>Hot Week Phone</b>		<b>Safeguarding Nurses</b>	
<b>SpR O/C Gen Paed</b>		<b>Bed manager</b>	
<b>SCIMT XXXXX</b>		<b>SCIMT XXXXX</b>	
<b>XXXX Children &amp; Families Direct</b>		<b>XXXX MASH</b>	
<b>Dermatology</b>		<b>Medical Photography</b>	
<b>Forensic Dentist</b>		<b>Pathology results</b>	

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