Guidance for General Practitioners on the Management of Bruising in Children
INTRODUCTION

There is extensive research on bruising in children and it is the commonest presentation of physical abuse\(^1\). In very young children, non-mobile children it is highly predictive of physical abuse\(^2\). Staff working with children should have the knowledge and skills to be aware of when bruising is likely to be normal, when it is of concern and when it requires further investigation and referral to specialist services.

UNIT INTENTIONAL BRUISING

Once children move independently, the prevalence of unintentional bruises increases. Bruising is found over the front of the body predominantly over bony prominences, the commonest site being the knees and shins. In young mobile children, unintentional bruising to the head occurs predominantly in a ‘T’ shape across the forehead, nose, upper lip and chin.

ABUSIVE BRUISING

<table>
<thead>
<tr>
<th>Alerting features that are suggestive of physical abuse</th>
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<tbody>
<tr>
<td>Bruising with petechiae</td>
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<td>Bruising in children who are not independently mobile</td>
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<td>Multiple bruising or bruises in clusters</td>
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<tr>
<td>Bruises that are away from bony prominences</td>
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<tr>
<td>Bruises to the face, eyes, ears, trunk, arms, buttocks and hands</td>
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<td>Bruises that carry the imprint of a hand, ligature or implement used</td>
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Further alerting features:
Bruising which is not consistent with the proposed mechanism of injury
A changing history of how the injury was sustained
Bruising in a young child or significant bruising in an older child without explanation

ASSESSMENT OF THE CHILD WITH BRUISING

- Take a history of how the bruising was sustained. Document the explanation using the parents own words.
- Ask about
  - Other illness/concerns
  - Family history of bleeding/bruising
  - Child on child protection register, looked after or has a social worker
- Ask yourself:
  - Does the bruise fit the explanation given
  - Does the bruise/injury fit with the child’s stage of development
- Look for any further injury by carrying out a top to toe examination
SUMMARY FLOW CHART

Non Mobile Child with bruising
OR
Bruising in older child with Alerting Features

Undertake assessment of Child

Discuss with Child Protection Specialist Team 01224 551706
(Monday – Friday 9am-5pm)
OR
Consultant Paediatrician 0345 456 6000
(Out of Hours and Moray)

1. Decision regarding medical assessment.
2. Decision regarding role in contacting social work and police.
4. Inform other relevant professionals e.g. health visitor, family nurse practitioner, school nurse

Explain to parent/carer reasons for referral and ongoing plan.

It is your responsibility to contact the Specialist Team for advice
References:
2. Are there patterns of bruising in childhood which are diagnostic or suggestive of abuse? Maguire S et al. 2, 2005, Archives of Disease in Childhood, Vol 90.

Links

http://nhsgintranet.grampian.scot.nhs.uk/depts/ChildProtection/Pages/default.aspx
http://www.rcpch.ac.uk/child-protection-publications
http://www.gmc-uk.org/guidance/ethical_guidance/13257.asp