

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

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This document has been written for the guidance of General Practitioners (GPs). Any other practitioners referring to this guidance must follow child protection guidelines found within [the yellow box](#) or own agency policy and procedures.

## INTRODUCTION

There is extensive research on bruising in children and it is the commonest presentation of physical abuse <sup>(1)</sup>. In very young children, non-mobile children it is highly predictive of physical abuse <sup>(2)</sup>. 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.

## UNINTENTIONAL 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

<b>Alerting features that are suggestive of physical abuse</b>
Bruising with petechiae
Bruising in children who are not independently mobile
Multiple bruising or bruises in clusters
Bruises that are away from bony prominences
Bruises to the face, eyes, ears, trunk, arms, buttocks and hands
Bruises that carry the imprint of a hand, ligature or implement used

### **Further alerting features:**

Bruising which is not consistent with the proposed mechanism of injury

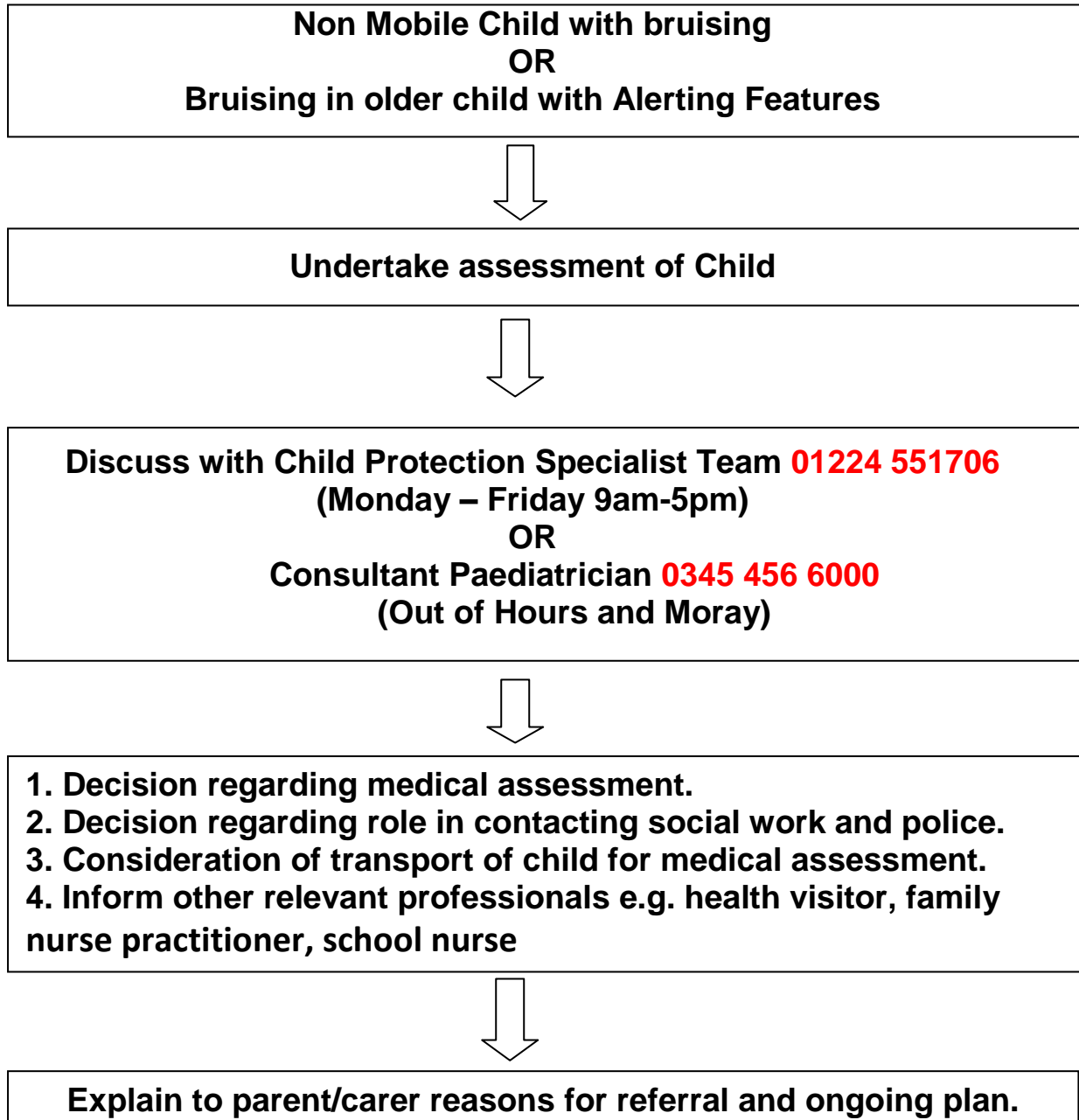
A changing history of how the injury was sustained

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



**It is your responsibility to contact the Specialist Team for advice**

**References:**

1. Bruising in children who are assessed for suspected physical abuse. Kemp AM et al. 2, 2014, Archives of Disease in Childhood, Vol 99
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](http://www.gmc-uk.org/guidance/ethical_guidance/13257.asp)  
<http://www.gov.scot/Resource/0041/00411543.pdf>