INFANT SENTINEL INJURY RECOGNITION

BACKGROUND:
Physical abuse is rarely an isolated event in an infant or child, but occurs more commonly as a recurrent event within a family environment. A “sentinel injury” in the infant, or a previous injury known to a medical or care provider, may be minor such as an isolated bruise or a small injury in the mouth. Bruising in infants is rare and seen in less than 2% of infants under 6 months presenting to Emergency Departments for care.\(^1\) However, bruising is seen in child abuse fatalities and may be initially *missed* as an abusive injury in infants later presenting as child abuse fatalities.\(^2\)

A bruise, or a history of a bruise is seen in:
- 1 in 4 infants referred to child abuse providers\(^3\)
- 1 in 4 infants with abusive head trauma\(^4\)

When an infant with a *sentinel injury* such as a bruise receives additional diagnostic evaluation for injury\(^3\):
- 1 in 2 infants will have additional injury identified
- 1 in 4 infants will have injuries on neuroimaging
- 1 in 4 infants will have new fractures on skeletal survey

Healing lingular frenulum injury  Abdominal bruising
Ear bruising  Patterned arm bruising
The AIM of the TRAIN MN Collaborative is to increase standardized sentinel injury screening and evaluation for additional serious injury in infants six months of age and younger from 0% to 90% within 6 months.

MEASURES AND PLAN:
Population: All infants 6 months of age or younger
Process Measures: All infants undressed at time of provider examination receive complete skin and oral examinations.

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<th>PHYSICAL EXAMINATION</th>
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<tbody>
<tr>
<td>SKIN:</td>
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<tr>
<td>• Torso – Ears/Face – Neck</td>
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<td>• Genitalia/Buttocks – Ext</td>
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<td>• ANY BRUISE IDENTIFIED?</td>
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SEE CLINICAL PRACTICE GUIDELINE INFANT INJURY FOR NEXT STEPS

RECOMMENDATIONS WHEN INJURY IDENTIFIED:

CONSULT CSHC
Physician & Social Work

INFANT INJURY CPG:
- Neuroimaging
- Skeletal Survey
- Laboratory Studies