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**Pediatric Forensic Medicine: Quick Reference Sheet**

**Please follow the guidelines below when sending a child to UK for evaluation of suspected child maltreatment:**

1. Please call PFM **before** sending a child to UK ED for evaluation to coordinate consult and care. This ensures easier transfer of information and better patient care.
2. During normal business hours, call PFM at 859-218-6727.
3. After-hours and on weekends, please call UK MD’s at 859-257-1000 and ask for the Pediatric Forensic Medicine team member on call.
4. For photo review, please call the office during normal business hours at 859-218-6727 before emailing photos to Peds Forensic email: [ukpedfor@uky.edu](mailto:ukpedfor@uky.edu)
5. For photo review on the weekend or after hours, please call UK MD’s at 859-257-1000 and ask for the Pediatric Forensic Medicine team member on call.

**Glossary of Terms**

**NAT** – Nonaccidental trauma: Injury occurring as a result of child maltreatment/abuse/neglect.

**PFM** – Pediatric Forensic Medicine: Medical specialty of child maltreatment/abuse/neglect.

**SDH** – Subdural Hematoma: Collection of blood outside the brain.

**RH** - Retinal hemorrhages: Hemorrhages in the retina of the eye often associated with pediatric abusive head trauma.

**Skeletal or Trauma Survey**: a series of X-rays designed to evaluate each bone individually. Not the same as a babygram.

**Trauma labs**: A series of labs conducted to evaluate for internal trauma to major organs and assess for bleeding issues.

**Ecchymosis**: tracking of blood from ruptured blood vessels away from point of impact.

**Petechiae**: Pinpoint, round (red, brown or purple) spots that appear on the skin as a result of bleeding under the skin as a result of ruptured capillaries.

**Occult injury**: Injuries that are hidden and not seen upon physical exam.

**Sentinel injury**: seemingly minor injury in infant that leads to discovery of more severe injury.

**SUID** – Sudden Unexplained Infant Death: Deaths that occur suddenly and unexpectedly in previously healthy infants and have no obvious cause of death prior to investigation.

**BRUE** – Brief Resolved Unexplained Event: when an infant younger than one year stops breathing, has a change in muscle tone, turns pale or blue in color, or is unresponsive. The event occurs suddenly, lasts less than 30 to 60 seconds. Formerly known as ALTE.

**OI** – Osteogenesis Imperfecta: a genetic bone disorder characterized by fragile bones that break easily. It is also known as “brittle bone disease.” Testing results will take several weeks.

**Patterned injury**: injuries which leave the signature of the implement that inflicted it and are reproducible.

**Immersion burn**: Scald burns with clear lines of demarcation. Occurs from part of the body being immersed in hot liquid.

**2nd tier labs**: Additional lab testing in addition to trauma labs to test for bleeding and bone disorders. \*Take several weeks to be resulted.

**Ten 4 Bruising Rule**

ANY bruising of the **TORSO, EARS, or NECK** in a child 4 years of age or younger OR ANY bruising, ANYWHERE, on a child 4 months of age or younger

**Ingestions**

Any ingestions classified as a near fatality or child under 1 year of age. Other ingestion cases will be handled on a case by case basis.



