Ashford and St. Peter's Hospitals
NHS Foundation Trust

# Blood tests for Children and Infants undergoing Safeguarding Investigations

**Author:**

**Dr Clare Hill Consultant Paediatrician**

| Guideline History | | |
|---|---|---|
| **Date** | **Comments** | **Approved By** |
| **01/09/2022** | New Guidance | Paediatric Guidelines committee 14/11/2023 |

## Blood tests for infants and Children undergoing safeguarding Investigations.

**Indications for Haematological Investigation:**

- Any immobile infant with a bruise or an infant or child with unusual bruising or bleeding out of proportion to the injury sustained, including infants with subdural and/or retinal haemorrhage.
- Investigations are generally not indicated when the only bruising is clearly the result of a slap or blow with an instrument.
- Any indications in the history or examination of a bleeding disorder.

**First line investigations:** (age-appropriate normal ranges should be used to evaluate results).

If any of the initial investigations are abnormal, discuss the results with the haematologist in relation to the significance and further investigations.

- Coagulation screen
- 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)

**A Factor XIII assay (or screen) should be undertaken for a child of any age with an unexplained intracranial haemorrhage.**

**Second line investigations:** (age-appropriate normal ranges should be used to evaluate results).

If there is ongoing concern about a coagulation disorder being the cause of the child's bleeding, or bruising and all first line investigations are normal, then rarer heritable causes of bleeding such as Factor XIII deficiency or a platelet function defect need to be considered in discussion with the haematologist.

**Indications for Bone biochemistry**

- All children undergoing skeletal survey for suspected physical abuse.
- Any child with a fracture where neglect/abuse is suspected.

To be requested with the first set of blood samples taken, whether or not the child is known to have additional fractures.

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

References:

https://childprotection.rcpch.ac.uk/child-protection-companion-content/chapter-9-recognition-of-physical-abuse

## Guideline Governance

### a. Scope

This guideline is relevant to all staff caring for all children from 0-18 years old across the emergency department, inpatient ward, and outpatient department.

### b. Purpose

i. This guideline aims to facilitate a common approach to the management of children. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.

ii. This guideline is subject to regular review to ensure ongoing evidence-based practice.

### c. Duties and Responsibilities

All healthcare professionals responsible for the care of all children 0-18 years should be aware of practice according to this guideline.

### d. Approval and Ratification

This guideline will be approved and ratified by the Paediatric Guidelines Group.

### e. Dissemination and Implementation

i. This guideline will be uploaded to the trust intranet 'Paediatric Guidelines' page and thus available for common use.

ii. This guideline will be shared as part of ongoing education within the Paediatric Department for both medical and nursing staff.

iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

### f. Review and Revision Arrangements

a. This policy will be reviewed on a 3 yearly basis by the appropriate persons.

b. If new information comes to light prior to the review date, an earlier review will be prompted.

c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Paediatric Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

**Equality Impact Assessment**

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| **Background**<br>• Who was involved in the Equality Impact Assessment |
| Author and the supervising consultants. |
| **Methodology**<br>• A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)<br>• The data sources and any other information used.<br>• The consultation that was carried out (who, why and how?) |
| All groups of staff and patients were taken into consideration and there is no bias towards or against any group. |
| **Key Findings**<br>• Describe the results of the assessment.<br>• Identify if there is adverse or a potentially adverse impacts for any equality's groups. |
| There is no evidence of discrimination. |
| **Conclusion**<br>• Provide a summary of the overall conclusions. |

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| There is no evidence of discrimination. |
| **Recommendations**<br>• State recommended changes to the proposed policy as a result of the impact assessment.<br>• Where it has not been possible to amend the policy, provide the detail of any actions that have been identified.<br>• Describe the plans for reviewing the assessment. |
| This guideline is appropriate for use. |

**Document Checklist**

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

**Title of the document:**

Guideline for blood tests for infants and Children undergoing safeguarding Investigations.

**Policy (document) Author: Dr Clare Hill**

**Executive Director:**

| | | Yes/No/ Unsure/NA | Comments |
|---|---|---|---|
| **1.** | **Title** | | |
| | Is the title clear and unambiguous? | **YES** | |
| | Is it clear whether the document is a guideline, policy, protocol or standard? | **YES** | |
| **2.** | **Scope/Purpose** | | |
| | Is the target population clear and unambiguous? | **YES** | |
| | Is the purpose of the document clear? | **YES** | |

| | | Yes/No/ Unsure/NA | Comments |
|---|---|---|---|
| | Are the intended outcomes described? | **YES** | |
| | Are the statements clear and unambiguous? | **YES** | |
| **3.** | **Development Process** | | |
| | Is there evidence of engagement with stakeholders and users? | **YES** | |
| | Who was engaged in a review of the document (list committees/ individuals)? | **YES** | **Designated Doctor for Safeguarding Children – Surrey Paediatric Matron & Paediatric Consultants** |
| | Has the policy template been followed (i.e. is the format correct)? | **YES** | |
| **4.** | **Evidence Base** | | |
| | Is the type of evidence to support the document identified explicitly? | **YES** | |
| | Are local/organisational supporting documents referenced? | **YES** | |
| **5.** | **Approval** | | |
| | Does the document identify which committee/group will approve/ratify it? | **YES** | |
| | If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document? | **YES** | |
| **6.** | **Dissemination and Implementation** | | |
| | Is there an outline/plan to identify how this will be done? | **YES** | **Paediatric Intranet** |
| | Does the plan include the necessary | **YES** | |

| | | Yes/No/ Unsure/NA | Comments |
|---|---|---|---|
| | training/support to ensure compliance? | | |
| **7.** | **Process for Monitoring Compliance** | | |
| | Are there measurable standards or KPIs to support monitoring compliance of the document? | **YES** | |
| **8.** | **Review Date** | | |
| | Is the review date identified and is this acceptable? | **YES** | |
| **9.** | **Overall Responsibility for the Document** | | |
| | Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation? | **YES** | |
| **10.** | **Equality Impact Assessment (EIA)** | | |
| | Has a suitable EIA been completed? | YES | |

| **Committee Approval (Paediatric Guidelines Group)** | | | |
|---|---|---|---|
| If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner | | | |
| **Name of Chair** | **Dr Claire Mitchell** | **Date** | **14/11/2022** |
| **Ratification by Management Executive (if appropriate)** | | | |
| If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner | | | |
| **Date: n/a** | | | |