Sentinel Injuries and the Importance in Preventing Future Deaths

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Objectives

- Review definition
- Introduce CPS expectations
- Discuss medical evaluation
- Provide case examples
definition
[def-uh-nish-uh n]

noun
1. the act of defining, or of making something definite, distinct, or clear.
2. the formal statement of the meaning or significance of a word, phrase, idiom, etc., as found in dictionaries.
3. the condition of being definite, distinct, or clearly outlined.

Optics. sharpness of the image formed by an
Box 1
Definition of sentinel injuries

- Minor injuries, such as a bruise or intraoral injury (excluding skin abrasions)
- Preterm infant
- Visible or detectable to a caregiver
- Poorly explained and unexpected
Sentinel Injury
Are sentinel injuries missed?

Box 2
Summary of key findings

- A sentinel injury preceded severe abuse in 27.5% of cases
- A history of a sentinel injury is rare in infants evaluated for maltreatment and found to not be abused
- All sentinel injuries were observed by a parent
- Forty-two percent of the sentinel injuries were known to a medical provider but the infants were not protected from further harm
- Recognition of and appropriate response to sentinel injuries could prevent many cases of child physical abuse

The significance of sentinel injuries may be missed

- Most often, they don't impact function
- Most often, they don't require treatment
Recognition of Sentinel Injuries is Important

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The injury may be small but it is important
Medical Literature

Suggests that in 27.5% of cases of definite physical abuse, there may be escalating and repeated violence toward the infant.
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Sentinel Injuries
CPS Expectations

Child Protective Services
Child Medical Evaluation

A Child Medical Evaluation (CME) is a medical evaluation where service is provided by a qualified physician, nurse practitioner (NP) or physician assistant (PA) rostered with the North Carolina Child Medical Evaluation Program (CMEP). A CME is provided at the request of child welfare services when they are completing an active assessment due to concerns for child maltreatment.
## CME Policy Review: "Must Refer"

<table>
<thead>
<tr>
<th>No Override</th>
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<tbody>
<tr>
<td>• Under the age of 1 or are pre-cruising with a Sentinel Injury</td>
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**No override even if a child was already seen by a medical provider**
Safety planning for sentinel injury cases is just as important as for children with obvious physical harm.
Importance of Identification

Identification of a sentinel injury provides an opportunity for prevention and intervention.
The child welfare assessment of safety is critical

On average, there was 1 ½ months between the first injury diagnosis and a new maltreatment diagnosis

(Shanahan, 2021)
Importance of Recognition

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When it's "just a bruise"

A safety intervention is still expected
Medical Evaluation
Initial medical evaluation for sentinel injuries

Skeletal survey is an appropriate part of the evaluation of an infant with a sentinel injury.

Neuroimaging should be considered in the evaluation of an infant with a sentinel injury even in the absence of neurologic symptoms or other injuries.
### Initial Medical Evaluation

<table>
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<td>Eye exam</td>
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<td>Skeletal survey</td>
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<td>Blood and urine tests</td>
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Medically, what happens next?
Example

Infant with sentinel injury, facial bruising

Skeletal Survey is obtained
  • Survey (x-rays) identify rib fractures

No history of trauma to explain findings
  • Concerns for physical abuse remain high

CPS report is made due to unexplained bruising AND unexplained rib fractures
What happens after the CPS report and the initial medical evaluation?

• Additional medical consultation may need to occur in 2 – 3 weeks
  • Follow-Up skeletal survey
  • Integrate CPS assessment into medical consultation
Initial Medical Evaluation

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The absence of additional findings does NOT take away the concern for physical abuse. Sentinel injuries alone require safety.
What if no additional findings are identified?
Medically, what happens next?
Initial Medical Evaluation

- Infant with small bruise on face and no additional injuries
- The absence of additional findings does NOT take away the concern for physical abuse. Sentinel injuries alone require safety.
- Young children with concerns for physical abuse will often receive a follow-up skeletal survey
  - Remaining in the home with no changes could result in more significant harm occurring to infant
  - Safety restrictions are expected
Importance of a CME after an initial medical visit
CME Findings: Impact and Risk

• **Impact of Harm and Risk of Future Harm**

  The facial bruising and rib fractures are healing well. If returned to the same environment from where she lived prior to the CPS report, she is at very high risk of future catastrophic injury and/or death.

• **Psychosocial risk factors which increase risk of harm**

  No identifiable concerns for domestic violence exposure, untreated mental health problems or parental substance abuse.

• **Medical characteristics that increase risk of harm**

  She is at a young age and requires constant care from her caregiver.
Case Examples
Case Review:
2-month-old brought to hospital for breathing concerns

Chest x-ray with 2 rib fractures

Infant also noted to have an unexplained bruise on their face

Provider reports this is a "good family" but we call in every unexplained injury to CPS
Is this physical abuse?
- Facial bruising that is poorly explained
- Two rib fractures
Is this child physically abused?
It's "just a bruise"
Are sentinel injuries physical abuse?

Causes serious physical injury to the child that does not happen by accident, or allows another to do so.

Creates a substantial risk of serious physical injury to the child, other than by accident, or allows another to do so.
Initiation and Pre-planning
Critical Elements when Starting a Case

<table>
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<th>Identify</th>
<th>Identify the current medical findings</th>
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<tbody>
<tr>
<td>Know</td>
<td>Know what tests are done and what else will be done</td>
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<tr>
<td>Clarify</td>
<td>Clarify specific dates and times</td>
</tr>
<tr>
<td>Recognize</td>
<td>Recognize what is an injury</td>
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<tr>
<td>Interview</td>
<td>Interview caregivers separate and apart</td>
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<tr>
<td>Understand</td>
<td>Understand any medical needs of household contacts</td>
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CPS Timeline Guides Safety Planning

- Gather specific dates from all providers
- Know medical findings have ranges and do not have specific dates (e.g., bruises, fractures, head bleeds)
Child Welfare History is Critical

Do not rely on the medical team to have all the information
Child Welfare is responsible for clarifying dates and times for safety planning
Case: review of critical elements at initiation

- Accepted for physical abuse, immediate response
Interview Caregivers Separate and Apart

Do not introduce the history of events

Listen carefully and clarify the history provided
What do you need to safety plan?

When did the injury occur?
Who can protect the child?
Is this a good family?
Summary

Sentinel Injuries may be missed by medical providers

Sentinel injuries are precursors to more serious abuse

CPS intervention with sentinel injuries is necessary