Children & Adolescent Health Service
Princess Margaret Hospital for Children

Med Rec. No: ……..
Surname: ……
Forename: ……...
Sex: ……..…….. D.O.B. ……..

INJURY ASSESSMENT

Doctor:		
USE THIS FORM FOR ALL CHILDREN UNDER 2 YEARS WITH ANY PHYSICAL INJURY /BURN/POISONING		
Date of Assessment:	**Time Seen:**	**Age of Child:**

HISTORY OF PRESENTING COMPLAINT

History obtained from	
What happened? Describe in detail how the injury occurred. **If the child fell:** How far? Any momentum (eg: baby walker)? Onto what surface? **If transport:** What type of vehicle?	
When did it happen?	**Date:** **Time:**
Where did it happen?	☐Home ☐Day Care ☐Playground ☐Street ☐Other:
Who saw it?	
Who else was there?	
What did you / the carer do afterwards?	
What safety equipment (eg: car seat/capsule) was being used?	

Last ate:	**Last drank:**

PAST HISTORY

Allergies	**Past Medical History**	**Medications**
Immunisations	**Social History (draw Family Tree, including age of siblings)**	

Reported previous injuries EDIS record of previous injuries and dates (Use "Prior Reg." in Triage Screen, include poisoning and near-drowning)

Reported previous involvement with Department of Child Protection(DCP) Yes_____ No_____

Reported developmental level
☐ Rolling ☐ Sitting ☐ Crawling ☐ Cruising ☐ Walking ☐ Running ☐ Climbing ☐ Other:

Observed **developmental level**
☐ Rolling ☐ Sitting ☐ Crawling ☐ Cruising ☐ Walking ☐ Running ☐ Climbing ☐ Other:

MR XXX INJURY ASSESSMENT

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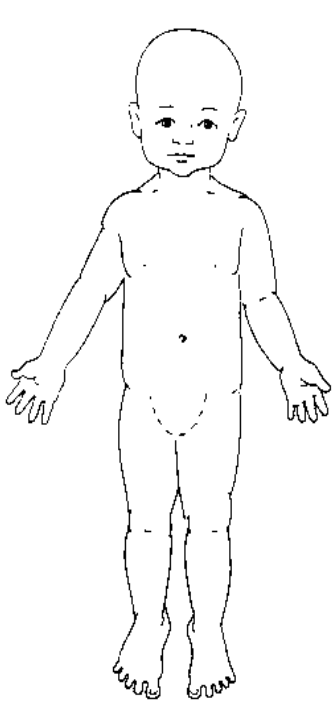
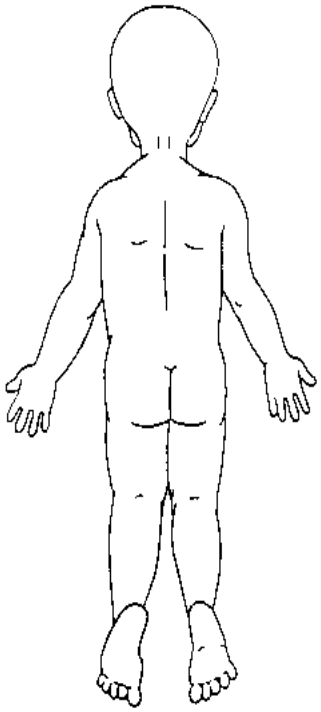
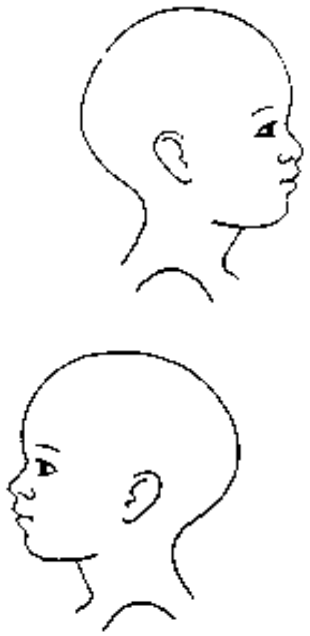
INJURY ASSESSMENT

Doctor: Date: Time:







Neurological Examination	**General Examination** Draw details of injury/injuries on diagrams. Note: if tenderness and swelling present – document colour
Level of Consciousness ☐ Alert ☐ Verbal ☐ Pain ☐ Unresponsive **Measure head circumference:** cm centile **Palpate anterior fontanelle (if patent)** ☐ Normal ☐ Abnormal Comment:	

Xrays & Investigations:

_____
_____
_____
_____
_____
_____

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INJURY ASSESSMENT

Doctor:_____ Date_____ Time_____

General Examination (continued)_____

Management_____

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INJURY ASSESSMENT

SAFETY ASSESSMENT

Please consider the following **Features of Concern** and tick relevant boxes if you have **concerns or are uncertain**.

History: Features of Concern

- ☐ Delay between the time of injury and seeking medical advice for which there is **no satisfactory** explanation
- ☐ Inadequate supervision
- ☐ Repeated injuries eg: more than one per year
- ☐ Injury unexplained or unwitnessed

Examination – Features of Concern:

- ☐ Injury not consistent with the history
- ☐ Injury not consistent with **observed** developmental stage

Fractures of Concern:

- ☐ Any fracture in a child not walking
- ☐ Multiple fractures
- ☐ Rib fractures
- ☐ Skull fracture (apart from a single linear parietal fracture)
- ☐ Fractures of humerus (other than supracondylar)
- ☐ Fractures of scapula/sternum or vertebra
- ☐ Corner or bucket handle (classic metaphyseal) fracture(s) in infants

Bruises of Concern:

- ☐ Any **unexplained** bruise in a child who is not cruising
- ☐ Facial bruising not over a bony prominence
- ☐ Bruises of the ears
- ☐ Multiple bruises in different planes
- ☐ Bilateral black eyes

Burns of Concern:

- ☐ Burn with a clearly demarcated edge eg: forced immersion or contact with hot object
- ☐ Multiple burns
- ☐ Mirror image burns
- ☐ Burns of the buttocks or genital area
- ☐ Patterned burns

Other:

- ☐ Head Injury
- ☐ Genital injury
- ☐ Ruptured Viscous
- ☐ Evidence of neglect
- ☐ Unusual behaviour
- ☐ Concerns regarding the carer

Please discuss the case with the most senior doctor in the department

☐ **Treat as suspicious of inflicted injury** ☐ **Treat as not suspicious**

(**Consultant** Name and Signature)

Disposition:

- ☐ Home, no Follow-up
- ☐ CPU referral
- ☐ GP review
- ☐ Admission
- ☐ ED review
- ☐ Written safety advice given
- ☐ Verbal advice discussing safety in the home
- ☐ Refer to / Discuss with Crisis Care - D.C.P (Dept. for Child Protection) Tel: 9223 1111 (**please document discussion & plan in notes**)

ATTENDING DOCTOR'S SIGNATURE:

PLEASE PRINT FULL NAME **Date:**

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