



## CASEWORK ACTIVITY

## Ongoing Case Management Registered Nurse response to suspected child maltreatment

New January 12, 2012

### Purpose

The intent of this procedure is to provide the registered nurse (RN) working in Ongoing Case Management (OCM) with a guideline for the referral of a child victim of suspected maltreatment while in out-of-home care. It is by no means intended to be a substitute for clinical decision-making regarding the need for emergency access to care based on the physical exam/findings and/or the presence of exigent circumstances requiring immediate intervention.

When potential threats to the safety and well-being of any children are identified, the nurse employee, as a mandated reporter, is required to *immediately* call 220-SAFE to report concerns and observations.

Any child suspected or assessed by the OCM registered nurse to have (including but not limited to) any of the following must be triaged with Child Protection Center/Child Advocacy for appropriate evaluation and treatment recommendations:

- Injury of a non-cruising infant
- Caregiver changing explanation of the injury
- Explanation may be inconsistent with the injury
- Explanation may be inconsistent with the child's abilities
- Various stages of healing injuries
- Delay in seeking medical treatment
- Bruising on non-prominent areas of the body
- Injuries shaped like an object, pattern, or hand
- Suspected bite injuries
- Multiple injuries
- Unexplained injuries
- Un-witnessed injuries
- Allegation of shaking of an infant
- Burns
- Impairment of function (such as limp or decreased use of an arm or leg)
- Professional judgment/concern based on clinical assessment

In all such cases and without exception, any child in out-of-home care with physical signs of suspected maltreatment determined through the completion of a nursing physical assessment is referred for further medical evaluation and any necessary treatment.



## PROCEDURE

### Notification and Referral

#### Ongoing case management

During the joint home visit with the assigned ongoing case manager or designee, the RN will immediately alert the ongoing case manager to the suspicion of injury.

- If the RN is not accompanied by the assigned ongoing case manager or agency designee, the RN must immediately alert the assigned agency of the concerns identified during the nursing physical assessment. The agency will establish an internal process to respond to the RN visit location to provide transportation of the identified children for medical evaluation.

#### Notification to Supervisors

The ongoing case manager and RN must notify their direct supervisor(s) or designee of the case situation.

### BMCW Access

1. The RN will immediately call 220-SAFE to report identified concerns. Pertinent information to be shared with 220-SAFE includes:
  - Incident witnessed or unwitnessed
  - Explanation offered to RN by caregiver
  - Observations from home visit
  - Any apparent delay in seeking medical care
  - Observations or information concerning developmental abilities of the child
  - Observations/findings that corroborate or are inconsistent with information provided by caregiver
  - Prior history of abuse (if known)
2. The RN will call the Child Protection Center (CPC) for assistance with a medical triage and follow-up and will return a call to 220-SAFE to report date, time, and location arranged for the required medical evaluation.
3. Upon completion of the medical evaluation, the RN will call 220-SAFE to report exam findings.

### Medical Triage

1. To provide access to specialty medical consultation and guidance to OCM nurses regarding suspected child maltreatment and to ensure consistency in recommended evaluation across Children's Hospital and Health System programs when there is a suspicion of child maltreatment, the RN will call CPC/Child Advocacy to assist with medical triage.
2. Pertinent information to be shared with Child Protection Center/Child Advocacy at the time of the call includes:
  - Incident witnessed or not witnessed
  - Explanation offered to RN by caregiver



- Observations from home visit
  - Any apparent delay in seeking medical care
  - Observations or information concerning developmental abilities of the child
  - Observations/findings that corroborate or are inconsistent with information provided by the caregiver
  - Prior history of abuse (if known)
3. To assist in the facilitation of expedient medical attention for children who are exhibiting physical signs of possible maltreatment:

*During CPC business hours*

The OCM registered nurse will contact the Child Protection Center after calling 220-SAFE. The RN will consult with a CPC medical provider, inform the CPC medical provider of the concerns, and determine the location and time for the medical evaluation.

*After CPC business hours*

1. The RN will call 220-SAFE.
2. The RN will call Children's Hospital of Wisconsin at 266-2000 to request paging of the on-call Child Advocacy medical provider. A call back from the Child Advocacy medical provider should be received within 10 minutes of making the call. If a call is not received within this time, the Child Advocacy medical provider should be paged again using the same number.
3. The RN will inform the Child Advocacy medical provider of the concerns identified during the nursing physical assessment and a determination will be made as to whether or not the child should be seen by another medical professional that evening. If the child is in need of immediate medical assessment, the Child Advocacy medical provider will contact the Children's Hospital of Wisconsin (CHW) Emergency Department to alert medical professionals that the RN and ongoing case manager (or designee) will be arriving with a child who requires medical evaluation due to suspicion of child maltreatment.
4. The CHW ED triage nurse will alert the CHW social worker regarding the concern for possible maltreatment for a child in out-of-home care. The medical professional examining the child will follow designated guidelines and will contact the Child Advocacy medical provider on call if there are further concerns or follow-up is required.
5. The RN will attend the medical evaluation with the designated ongoing case manager and child.
6. The RN or direct supervisor will immediately alert the BMCW Medical Director and Nurse Practitioner of the identified concerns and results of the medical evaluation.

**Documentation:** The RN will document an Ongoing RN Face-to-Face case note in eWISACWIS within 1 business day.