OPERATIONAL GUIDELINES: NAT Referral for Pediatric Burns

**OBJECTIVE:** To ensure that all staff are appropriately trained, prepared, and understand when a NAT referral needs to be placed on pediatrics

**GUIDELINES:**
All children suspected of non-accidental trauma will have a complete work-up including a complete history and physical exam with a focus on injuries and explanation for the injuries.

**INDICATIONS FOR CONSULT:** (in children < 2yrs or appear purposeful)
- Burn injuries (story does not fit the injury)
- Ear bruises
- Skeletal surveys
- Ophtho exam
- Old healed injuries
- Delayed presentation
- No story as to what happened
- “Sibling did it”
- Is there secondary gain or a bribe offered for staying quiet for an older child?

**PLACING REFERRAL:**
- Refer to NAT Protocol if unfamiliar with NAT Process
- There is a very comprehensive inpatient provider order set to use for Non-Accidental Trauma patients. This is most easily found by typing NAT in the Order Set search field. The Head Imaging, Skeletal Survey, Ophthalmology Evaluation, Labs, and Severe Abuse sections contain informational text to help guide individual order selections within the Order Set.

**DISCHARGE FROM ED:**
- All children evaluated in the ED where there is concern for possible NAT but who do not meet criteria for inpatient admission should receive a social work consult and CARE clinic should be notified for determination of need for outpatient follow-up.
- A plan for discharge away from an abuser or neglectful parent may be necessary.
- Patients may be admitted for social reasons