Please complete the following sections for the case identified above.

Strict confidentiality of information will be assured.

CASE DEFINITION FOR CHILD INJURY SECONDARY TO SUSPECTED CHILD MALTREATMENT (ABUSE OR NEGLECT) (HI)

All new cases of a child up to 14 years of age inclusively, who has any mechanism of head or brain injury consistent with abuse/neglect* (e.g., shaking, impact, suffocation) and that has been reported to provincial/territorial child welfare agencies. Report regardless of whether or not you reported the case yourself to the agency.

Inclusion criteria

• Objective diagnostic evidence of head or brain injury. These may include radiologic, ophthalmologic or forensic findings, such as skull fracture, cerebral contusion, subdural or epidural or subarachnoid haemorrhage, cerebral oedema, retinal haemorrhages.

OR

• Clinical evidence of a significant head or brain injury (e.g., severe head soft tissue injury, depressed level of consciousness, seizures, focal neurological findings).

* See definition of “neglect” in protocol.

SECTION 1 – DEMOGRAPHIC INFORMATION

1.1 Date of birth: ___ / ___ / _____
1.2 Sex: Male ___ Female ___
1.3 Province/Territory of residence: ____________________
1.4 Total number of children in household (including patient): _______
   Specify number per age group: <1 year ___ 1-4 years ___ 5-9 years ___ 10-14 years ___ >14 years ___

SECTION 2 – CHILD MALTREATMENT

2.1 First presented to: Family physician ___ Paediatrician ___ ER ___ Other ___
2.2 Date of initial presentation of injury: ___ / ___ / _____
2.3 Initial presentation (please check all that apply): Irritability ___ Lethargy ___ Vomiting ___
   Respiratory difficulty ___ Apnea ___ Seizure ___ Soft tissue injury ___ Decreased consciousness ___
   Other (specify) _____________________________
2.4 Date of current presentation: ___ / ___ / _____
SECTION 2 – CHILD MALTREATMENT (con’td)

2.5 Current presentation (please check all that apply): Irritability ___ Lethargy ___ Vomiting ___
Respiratory difficulty ___ Apnea ___ Seizure ___ Soft tissue injury ___ Decreased consciousness ___
Other (specify) ___________________________________________________________________________

2.6 Admitted to hospital: Yes ___ No ___ Unknown ___
If yes: Date of admission to hospital: ___ / ___ / ______ DD MM YYYY
Date of discharge from hospital: ___ / ___ / ______ DD MM YYYY

2.7 Admitted to ICU: Yes ___ No ___ Unknown ___ If yes: Length of ICU stay (days) ______

2.8 Hospital child protection team involved: Yes ___ No ___ Unknown ___

2.9 Police involved: Yes ___ No ___ Unknown ___

2.10 Previously investigated by child welfare: Yes ___ No ___ Unknown ___

2.11 Injury event (examples are: slip/trip • fall on same level • fall from furniture • fall > 3 feet • fall downstairs • collided with object • struck by object • struck/pushed by person • shaken by person • no report of trauma given)
Description of injury (attach non-nominal relevant information if available):
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

2.12 Informant(s): mother ___ father ___ babysitter ___ other(s) (please specify): ___________________________

2.13 Estimated date of injury: ___ / ___ / ______ DD MM YYYY

2.14 Past medical history (check all that apply):
___ Prematurity (<36 weeks) ___ Previous maltreatment ___ Apnea
___ Developmental delay ___ Excessive crying ___ Other (specify)
___ Premorbid condition (specify) ___ Colic
___ Feeding difficulty

2.15 Clinical findings (check all that apply):
___ Subdural haematoma ___ Retinal haemorrhage ___ Abdominal injury (specify)
___ Subarachnoid haematoma ___ Skull fracture(s) ___ Bruising
___ Epidural haematoma ___ Cervical spine injury ___ Abrasions
___ Cerebral oedema ___ Rib fracture(s) ___ Burns/scalds
___ Brain infarct/cerebral contusion ___ Long bone fracture(s) ___ Other (specify)
___ Seizures ___ Other fracture(s) /___ (worst recorded)
___ Focal neurological findings ___ Other (specify)
SECTION 2 – CHILD MALTREATMENT (con’td)

2.16 Investigations done (check all that apply):

___ CT of head ___ Bone scan ___ Metabolic bone workup
___ MRI of head ___ Ophthalmology exam ___ Other (specify)
___ Skull X-ray ___ Abdominal imaging ___ Coagulation screening
___ Skeletal survey (e.g., X-ray) ___

2.17 Type of suspected abuse/neglect:  Shaken baby syndrome ___ Other physical abuse ___ Neglect ___

2.18 Medical status at time of discharge (if available):

Normal ___ Neurological sequelae (specify mild, moderate or severe) ___________ Dead ___

2.19 Social status at time of discharge:  Foster care ___ In care of family ___ Other (specify) ___________

SECTION 3 – PERPETRATOR INFORMATION

<table>
<thead>
<tr>
<th>Suspected</th>
<th>Confirmed</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Age (years): _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Sex:  Male ___  Female ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Relationship to patient:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4 Marital status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5 Highest educational level:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6 Employment status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7 History of risk factors (check all that apply)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

___ Alcohol abuse ___ Drug abuse
___ Mental health issues ___ Physical health issues
___ Criminal activity ___ Few social supports
___ Domestic violence ___ Other

3.8 Lives with child: Yes ___ No ___

SECTION 4 – PRIMARY CAREGIVER INFORMATION

Complete if different from perpetrator

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>4.1 Age (years): _____</td>
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<td>4.2 Sex:  Male ___  Female ___</td>
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</tr>
</tbody>
</table>

___ Alcohol abuse ___ Drug abuse
___ Mental health issues ___ Physical health issues
___ Criminal activity ___ Few social supports
___ Domestic violence ___ Other

4.8 Lives with child: Yes ___ No ___

SECTION 5 – REPORTING PHYSICIAN

First name_________________________ Surname_________________________

Address__________________________________________________________

City_________________________ Province_________________________ Postal code__________

Telephone number_________________________ Fax number_________________________

E-mail_________________________________________ Date completed_________________________

Thank you for completing this form.

Please keep a record of this report in your CPSP binder. If you require more information or clarification, please call Sue Bennett at (613) 737-7600, ext. 3626.