Trust Management of Children Presenting With Genital or Perineal Injury

A Clinical Guideline

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<thead>
<tr>
<th>For Use in:</th>
<th>A&amp;E Dept, Jenny Lind Children’s Dept</th>
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<tbody>
<tr>
<td>By:</td>
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This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.
Examination should be kept to a minimum. Only examine children and young people’s genitalia if confident about interpreting findings. Always use a chaperone.

Under 13 years

History of accidental injury
History compatible with injury
No safeguarding concerns
Examiner confident about the anatomy
Minor injury not requiring treatment

Yes to all of these

Document injury with drawings. You may reassure and discharge, but only if confident.

No to any of these or any other concern

Consider referral to Sexual Assault Referral Centre (SARC) tel 01603 276381
Alternatively discuss with community paediatrician on call for safeguarding

13 years or over

Sexual assault?

Yes

Consider referral to paediatric surgeon or gynaecologist (girls) or urologist (boys) depending on young person’s emotional maturity and gender

No

Do not refer to gynaecology unless a consultant to consultant referral for specialist advice

Concern about mechanism of injury or possibility of sexual abuse

Refer to Community Paediatrician on call for safeguarding (contact via switchboard)

Concern about whether injury requires surgical assessment

Refer to Paediatric Surgeon on call

Any other concern or not sure to whom to refer

Refer to general paediatrician on call
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Objective/s

To assist in clinical decisions about children presenting acutely with a genital injury. In most cases these will be girls, but the same principles apply to boys.

Rationale

Children with genital injuries may present to A&E or to paediatric CAU. The possible causes are accidental injury, non-accidental injury, or sexual abuse. Occasionally skin or gynaecological conditions may mimic injury. There are several paediatric services which may be required to assess younger children including acute paediatrics, community paediatrics, paediatric surgery, or paediatric dermatology. For older children and young people adult gynaecology and forensic medical services may be required. This guideline is to aid the rapid assessment and referral of these cases. The guideline is written in consultation with the acute paediatric team, paediatric surgeons, community paediatricians and emergency medicine doctors.

Definition of Terms Used

Child: Anyone under 18 years of age

Genital Injury: Includes (for this guideline) any injury to the genitalia, surrounding area, perineum, peri-anal area and anus.

SARC: Sexual Assault Referral Centre (the Harbour Centre) operated by Norfolk Police, tel 01603 276381

Broad recommendations

- Examination of children’s genitalia should be kept to a minimum. Only clinicians competent to assess the findings should examine such children without supervision.

- Wherever possible examinations should be conducted with a chaperone.

- Consent should always be sought for examination from child and/or person with parental responsibility. The only exceptions are where immediate medical treatment is required or where child is subject to a court order overriding parental responsibility.

- Genital findings should always be fully documented using approved anatomical terminology and supported by clinical drawings.

- Children under 13 years should be seen by a paediatric specialist.
  - For injuries requiring surgical assessment this should be a paediatric surgeon.
  - For injuries where sexual abuse needs to be excluded this should be by a community paediatrician.
  - Other specialists should only be involved by consultant to consultant referral from a paediatric specialist.
  - If in doubt, referral should be made initially to the acute paediatrician on-call.
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- In general there is no role for adult gynaecologists in the immediate assessment of young children with genital injuries.
  - Young people of 13 years and over who may have been sexually assaulted should be assessed in the SARC unless requiring immediate surgical or gynaecological treatment
  - Young people of 13 years and over who have sustained an accidental genital injury should be assessed either by paediatric surgeons or adult gynaecologists depending on gender and level of maturity of the young person.
  - Young women of 13 years and over who may have a gynaecological condition mimicking an injury should be assessed by a gynaecologist.

Clinical audit standards

This guideline sets out standards for initial referral of children and young people with a suspected genital or perineal injury. These standards are written in a way which should enable auditing. The guideline does not make recommendations or set standards on clinical assessment, procedures or investigations.

Audits may be carried out in A&E and/or CAU and would be presented to the relevant clinical teams and to the trust safeguarding committee.

Summary of development and consultation process undertaken before registration and dissemination

This document has been drafted by Richard Reading, named doctor for safeguarding children in the NNUH. It has been amended following input from acute paediatricians, community paediatricians, paediatric surgeons, gynaecologists, emergency medicine physicians and nurses, and the trust safeguarding children team.

This version has been endorsed by the Clinical Guidelines Assessment Panel.

Distribution list/ dissemination method

Copies in relevant departments and placed in intranet.

References


Royal College of Paediatrics and Child Health. The Physical Signs of Child Sexual Abuse. London:RCPCH, 2008 (see glossary for anatomical terms)