

# **Madigan Army Medical Center Referral Guidelines**

## **Child Health, Injury Prevention**

### **Diagnosis/Definition**

By forming the Child Health, Injury Prevention (CHIP) clinic, the pediatricians and health care team at Madigan Army Medical Center (MAMC) have committed to a responsibility of safeguarding children through the enrichment of the military family experience. Madigan Army Medical Center shares this responsibility with community agencies and regional military commands. As pediatricians, we advocate on behalf of all children, and apply best practices to optimize outcomes and minimize harm. Experts from many backgrounds contribute to comprehensive evaluations and specialized medical and behavioral healthcare plans. Child Health, Injury Prevention services provided on behalf of children from newborns to 18 years of age include:

- Medical consultations with physicians and other health care professionals
- Specialized medical evaluation and documentation requested by parents, health care professionals, Children's Protective Services, law enforcement or the court system
- Referrals to community agencies and services
- Effective case coordination through establishment of a “medical home”
- Education and training about child wellbeing and family strengthening for health care professionals, child welfare workers and people in the civilian and military community
- Participation in child abuse and neglect evidence based prevention and child safety programs

CHIP services are available at the Child and Adolescent Clinic at MAMC. For patient or family referral, clinical evaluations or more information contact the Supervisor Medical Support Assistant at 253-968-1839.

### **Initial Diagnosis, Consultation and Management**

#### **A. CONSULTATIONS**

1. Pre-placement physical examination (PPE) – Children and adolescents placed in CPS/DSHS protective custody require a pre-placement physical exam (PPE) within 72 hours of entering into foster care. A PPE is also required when children are transferred between foster homes.
2. Comprehensive health and education tracking (CHET) – Children and adolescents placed in CPS/DSHS protective custody require a thorough review of education and medical records and complete physical examination within 30 days of initial placement into foster care. This should also include developmental, mental health and dental screening with appropriate referrals.
3. Suspected child abuse and neglect (SCAN) – Children or adolescents who present acutely with trauma which may be inflicted, unexplained or suspicious for maltreatment, require a thorough medical evaluation to identify and document trauma.
4. Other referrals ? child abuse (ORCA) – Infants and preverbal children with trauma inconsistent with developmental stage, unusual or problem behaviors, failure to thrive and/or clinical findings suggesting traumatization, sexualization, parentification or neglect. This category may also include children and adolescents seen in the ED or other outpatient setting, with a question of whether or not a report to CPS should be made.

5. Pediatric gynecology (PGYN) – Infants and children with unusual ano-genital findings, chronic genitor-urinary symptoms, and/or behavioral changes concerning to the parent. Many conditions can be mistaken for child maltreatment.
6. Follow up of alleged sexual abuse (FASA) – Children and adolescents previously evaluated for acute alleged sexual abuse and whose parents desire a return to MAMC for health care. This category also includes non-acute (> 72 hours) alleged sexual assault victims who have yet to undergo medical evaluation or other healthcare counseling.

**B. TRIAGE:** All CHIP consultations can be triaged by contacting the on call CHIP Pediatrician for child abuse. Call the ED Communication Center, 968-1110, for the on call CHIP schedule.

1. EMERGENT - SCAN
2. URGENT Within 24-72 hours - PPE, ORCA, FASA
3. NON-URGENT Within 5 business days - CHET, FASA
4. NOT APPROPRIATE FOR CHIP - Children with the following complaints should be handled as emergent and directed to Mary Bridge Children’s Hospital or St. Peters Providence Hospital.

Acute Alleged Sexual Assault/Abuse with any of the following:

- a. < 72 Hours Post-Assault/Abuse
- b. Vaginal bleeding or pain
- c. Associated physical trauma
- d. Parents in crisis

### **Ongoing Management and Objectives**

The medical home is a practice model seeking to improve the healthcare status for any child with special needs. The model, as applied to alleged victims of maltreatment, advocates that the child or adolescent in foster care or receiving CPS interventions, have a consistent medical home where the child maintains the same practitioner and receives all assessments and referrals for specialized care. Physicians are able to influence case decisions and appeal to child welfare professionals in a more integrated fashion for possible interventions. Care in the CHIP clinic will be comprehensive, coordinated, compassionate, culturally competent and family focused, in accordance with the American Academy of Pediatrics Task Force on Health Care for Children in Foster Care.

### **Indications for Specialty Care**

Developmental Behavioral Pediatrics  
 Child and Adolescent Psychiatry  
 Pediatric Psychology  
 Behavioral Health  
 Dental  
 Adolescent Medicine

### **Criteria to Return to Primary Care**

It is of most benefit for patients to return to their referring PCM for care, when the medical or behavioral question has been answered to the family’s and the physician’s satisfaction. This mainly applies to children who are referred for ORCA, SCAN or PGYN consults. Children with open CPS cases, in foster care, or engaged with CPS voluntary services, should maintain their primary care in the CHIP clinic.

Males and females, ages 13-18, may elect to seek follow up care with a PCM in the Adolescent Medicine Clinic and these requests will be met if continuity of care can be assured.

### **Mandated Reporting**

In accordance with MAMC Reg 40-25, when a reasonable suspicion of child abuse or neglect exists, the on call Family Advocacy Social Worker must be notified to liaison with commands, child protective services and law enforcement. Complete information on mandated reporting in Washington State can be found at <http://www.dshs.wa.gov/ca/safety/abuseReq.asp?2>

Last Review for this Guideline: **April 2010**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division  
Clinical Practice and Referral Guidelines Administrator