

Shaken Baby Syndrome

The following must be documented for all suspected physical abuse (COMMON EXAM Q):

1. Who you are (name and grade)
 2. Who referred the patient (name and specialty/grade)
 3. Reason for referral
 4. What time patient was referred
 5. Full history from all sides re what happened
 6. When you examined patient (Date & time)
 7. How you examined patient
 - a. What drops and what time they were instilled
 - b. Instruments used (e.g. indirect)
 - c. Any imaging done (e.g. Retcam)
 8. Findings
 - a. All Ophthalmic findings (anterior segments → posterior segment)
 - b. Particularly: Retinal haemorrhages (number, morphology, layers, location, laterality), retinal folds, haemorrhagic retinoschisis, vitreous/macular Hg
 - c. See proforma for findings to look for
 9. Who you reported the findings to
-

Birth related retinal haemorrhages usually clear in 2 weeks. Physical trauma often result in bilateral, widespread (posterior pole & periphery) multilayered haemorrhages. If asked why it is important to examine children with suspected head trauma, it is important to state that retinal haemorrhages are seen in about 80% of cases of shaken baby syndromeⁱ and 80% of intracranial bleeding 2^o to SBSⁱⁱ, and have characteristic features in NAIⁱⁱⁱ. Seek immediate advice from named doctor/nurse. Remember that all cases must be referred to child protection social care dept (SCD), as well consultant paediatrician (named doctor), consultant ophthalmologist (paeds). If parents refuse to give consent for examination, seek immediate advice from name doctor/nurse. Consider legal action by SCD or police.

Be familiar with RCOphth standardized proforma:

<https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2013-SCI-293-Appendix-3-Recording-Ophth-features-of-suspected-paediatric-head-trauma.pdf>

The following is an extract from RCOphth abusive head trauma and the eye guidelines:^{iv}

IN CAPITAL LETTERS below I have added specific issues asked about in previous VIVA stations

All clinicians who are involved in the care of children should be familiar with the NICE guidance. Many forms of child maltreatment may involve the eye.

v

KNOW DIFFERENT TYPES OF CHILD ABUSE

The Ophthalmologist mainly encounters physical abuse (indirect trauma, shaking, smothering and direct eye trauma) and occasionally induced or fabricated illness (Munchausen Syndrome by proxy), sexual abuse, neglect and emotional abuse.

KNOW A FEW OTHER NON-OPHTHALMIC FEATURES OF PHYSICAL ABUSE

KNOW WHAT TO DO IF YOU SUSPECT CHILD MALTREATMENT

Professionals should not intervene individually and all suspicions should be discussed with the safeguarding named nurse, social worker and ND. When child maltreatment is felt to be occurring there is a duty to inform the social care services verbally, and to follow up with a written referral.

If a trainee suspects maltreatment while conducting an ophthalmic examination local guidance should be followed with immediate discussion with a senior colleague, the senior nurse of the ward or department. The consultant ophthalmologist in charge of the case should confirm suspicions of maltreatment.

Immediate involvement of a paediatrician is mandatory. There must be full documentation of the history including what is said by all parties and the physical findings must be noted with annotated drawings and photography where possible, noting the date and time of examination.

M Bizrah

For the most up-to-date version of this document, please see: <http://www.londoneyecourse.com/exam-resources.html>

ⁱ Kivlin JD, Simons KB, Lazoritz S, Ruttum MS. Shaken baby syndrome. *Ophthalmology*. 2000 Jul;107(7):1246-54.

ⁱⁱ Pierre-Kahn V, Roche O, Dureau P, Uteza Y, Renier D, Pierre-Kahn A, Dufier JL. Ophthalmologic findings in suspected child abuse victims with subdural hematomas. *Ophthalmology*. 2003 Sep;110(9):1718-23.

ⁱⁱⁱ Morad Y, Kim YM, Armstrong DC, Huyer D, Mian M, Levin AV. Correlation between retinal abnormalities and intracranial abnormalities in the shaken baby syndrome. *Am J Ophthalmol*. 2002 Sep;134(3):354-9.

^{iv} <https://www.rcophth.ac.uk/standards-publications-research/clinical-guidelines/>