**Skeletal surveys for suspected physical abuse [QSI Ref: XR-505, XR-512]**

**Descriptor:**

Compliance with the latest RCR guidance regarding the investigation of suspected physical abuse in children under the age of two.

**Background:**

The first radiological investigation of suspected physical abuse in children is often the skeletal survey. The purpose of a skeletal survey is to provide a standard series of radiographic images that will visualise the entire skeleton.  Not only can skeletal surveys characterise the nature of a fracture they can assist in dating an injury and identify further occult fractures. The results of medical imaging may have significant social and medico-legal implications. Consequently it is imperative that radiological assessment is timely and accurate.  The Royal College of Radiologists and the Society and College of Radiographers (SCoR) have updated pre-existing guidance in a document endorsed by the Royal College of Paediatrics and Child Health entitled The radiological investigation of suspected physical abuse in children.1

## The Cycle

**The standard:**

The following standards are taken from this document:

• The skeletal survey should be acquired and reported within 24 hours and certainly no later than 72 hours from the request being made

• A skeletal survey should include a standard set of views outlined within the appendix

• Follow-up imaging should be performed in all children within 11 to 14 days and no later than 28 days after the initial skeletal survey

• Follow up imaging should include views outlined within the appendix

**Target:**

100%

## Assess local practice

**Indicators:**

Percentage of examinations which adhere to the standards outlined in the latest RCR guidance

**Data items to be collected:**

• Assess retrospectively a sample of recent investigations

• Record the time interval between the skeletal survey being reported and the request being made

• Identify radiographic views missing or incomplete on the initial skeletal survey

• Record the time interval between the initial skeletal survey and follow-up imaging

• Identify radiographic views missing or incomplete on follow-up imaging

**Suggested number:**

25 consecutive patients

**Suggestions for change if target not met:**

• Present the results of the audit to the radiographers and radiologists and potentially to paediatric colleagues

• Discuss the causes of failure to meet the standard and identify staff members responsible for taking action to improve adherence

• Keep the protocol readily available in the department

• Review and re-audit within 6-12 months, depending on patient frequency

[**appendix.docx**](https://www.rcr.ac.uk/sites/default/files/audit_template/appendix.docx)DOC - 16.05 KB

**References:**

1. Society and College of Radiographers and The Royal College of Radiologists. The radiological investigation of suspected physical abuse in children, revised first edition. November 2018 <https://www.rcr.ac.uk/publication/radiological-investigation-suspected-physical-abuse-children>
2. Royal College of Radiologists. [Standards for Radiological Investigations of Suspected Non-accidental Injury](http://www.rcr.ac.uk/publication/standards-radiological-investigations-suspected-non-accidental-injury). Joint document produced in collaboration with the Royal College of Paediatrics and Child Health. London: RCR, 2008. BFCR(08)1

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