

Non Accidental Trauma Evaluation Checklist

Child's Name:

Date of Birth:

Case Number:

Primary Survey

Hospital Name:

Date of Admission:

Date of Discharge:

ER Records:

Skeletal Survey: Report Images

Head CT / MRI: Report Images

Ophthalmologic Exam: Results

Pertinent Lab: Coagulation Studies

Secondary Survey

Skeletal Survey: Report Images

Bone Scan: Report Images

Extremity MRI: Report Images

Special Studies:

Coagulation studies, Collagen biopsy for OI, metabolic work-up

Photographs of Injuries:

OES 900 exam: Report

Pertinent Birth History: Birth weight:

Siblings:

