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## CAPNET Definitions Document

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# CAPNET Database Definitions & Abbreviations

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## 1. CAPNET PHYSICAL ABUSE: DEFINITIONS

Word	Definition
<b>Abdominal injury</b>	Radiographic or pathologic evidence of solid organ (hepatic, splenic, pancreatic, adrenal, renal) laceration or contusion, hollow viscus hematoma or perforation, vascular injury, or mesenteric hematoma or tear. Nonspecific findings such as a small amount of free peritoneal fluid without further definition or bowel wall edema of unclear etiology do not meet this definition. An injury is identified if you would testify to its presence in court or in the medical record.
<b>Abdominal signs / symptoms (on physical exam)</b>	Abdominal signs and symptoms include distension, tenderness, guarding
<b>Abusive trauma / inflicted trauma</b>	Inflicted or abusive trauma includes any non-accidental trauma to the child and can include striking, kicking, burning, shaking, biting, forced ingestion, or any action that results in a physical impairment of the child or creates risk of physical impairment.
<b>Accidental trauma</b>	Accidental trauma is an incident that happens unexpectedly and unintentionally. Accidental trauma includes falls, birth trauma, iatrogenic trauma and other unintentional traumatic events.
<b>Affecting daily life (in context of a medical condition)</b>	Daily or near-daily medications, therapies, assistance in activities of daily living or limitations in health-related quality of life
<b>Animal abuse</b>	Animal abuse defined as abuse of animal in child's home environment or by caregiver of child.
<b>Bone fragility</b>	Bone fragility includes conditions that increase fracture risk such as vitamin D deficiency, osteogenesis imperfecta, osteopenia, and rickets.
<b>Bilateral</b>	Located on both sides of body.
<b>Brief Resolved Unexplained Event (BRUE)</b>	A Brief Resolved Unexplained Event (BRUE) is defined as an event occurring in an infant < 1 year when the observer reports a sudden, brief, and now resolved episode of $\geq 1$ of the following: (1) cyanosis or pallor; (2) absent, decreased, or irregular breathing; (3) marked change in tone (hyper- or hypotonia); and (4) altered level of responsiveness.
<b>CAPNET Episode</b>	The period inclusive of all signs, symptoms, and medical encounters associated with the specific injury or illness for which the CAP consultation was initiated. The initial hospitalization, all follow-up medical testing (including FUSS, OI testing, or other imaging or radiology) and the initial period of active consultation with child protective services and law enforcement.
<b>Care environment</b>	Care environment includes a home, daycare, or other setting where abuse may have occurred.
<b>Caregiver</b>	Caregiver(s) refers to the person(s) who (during the episode of illness) have responsibility for the care and rearing of a child. This is typically a parent, but may also refer to grandparents, legal guardians, babysitters, or other adults in a child's life. (New definition as of 3/16/21. See Codebook for further details.)
<b>Change in custody</b>	Change in custody refers to a change in the caregiver(s) who have physical custody due to a court order. The biological parents may still retain medical decision making even if there has been a change in custody.

<b>Chest injury</b>	Chest injury(ies) include radiographic or pathologic evidence of organ laceration, contusion, hematoma or perforation, vascular injury, or fracture. An injury is identified if you would testify to its presence in court or in the medical record
<b>Child protective services (CPS) involvement</b>	Child protective services (CPS) involvement includes referrals to CPS agencies due to suspected child maltreatment regardless of the outcome of investigation. Plans of safe care notifications to CPS agencies in which there is not a report of suspected maltreatment are not considered CPS involvement.
<b>Contact child</b>	A contact is a sibling or other child who is known to share a household or other <b>care environment</b> with the index child including home or day care environment where there is suspected abuse.
<b>Coagulations disorder</b>	Coagulations disorders are conditions that affect the blood's clotting activities. Hemophilia, Von Willebrand disease, clotting factor deficiencies are examples.
<b>Device (in context of falls)</b>	In the context of a fall, A device includes child-carrying objects such as a car seat, baby carrier, or stroller.
<b>Elder Abuse</b>	Elder abuse is an intentional act or failure to act that causes or creates a risk of harm to an older adult. An older adult is someone age 60 or older. The abuse often occurs at the hands of a caregiver or a person the elder trusts.
<b>Focused radiographs</b>	Radiographic studies of specific body regions based on signs or symptoms even if these are later integrated into a skeletal survey.
<b>Healing fracture(s)</b>	Healing fractures include fractures that have evidence of periosteal reaction or callus formation on x-ray.
<b>Identified injury</b>	An injury is identified if the attending CAP would testify to the presence of the injury in the medical record, or in court.
<b>Inflicted trauma / Abusive trauma</b>	Inflicted or abusive trauma includes any non-accidental trauma to the child and can include striking, kicking, burning, shaking, biting, forced ingestion, or any action that results in a physical impairment of the child or creates risk of physical impairment.
<b>Initial Management Period</b>	The initial management period includes the time of the initial CAP involvement including communications with CPS and law enforcement. It may extend beyond the period of the initial hospitalization to include multi-disciplinary team meetings or other communications, but does not include subsequent periods such as a later criminal trial. It is generally less than one month.
<b>Intimate partner violence</b>	Intimate partner violence or domestic violence describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse.
<b>Injury identified</b>	An injury is identified if the attending CAP would testify to the presence of the injury in the medical record, or in court. [See specific types of injuries (abdominal, chest, spine, and head) for additional information.]
<b>Kinship placement</b>	Kinship placement include formal kinship foster placement and informal placement with a family member or friend
<b>Known injury (on radiographic imaging).</b>	A known injury was previously identified on physical exam or another study.
<b>Mimic (of abuse)</b>	A medical condition that can predispose a child to develop an injury or is associated with findings that may be confused for abusive injuries.
<b>Musculoskeletal signs / symptoms (on physical exam)</b>	Musculoskeletal signs / symptoms include swelling, pseudoparalysis/splinting, and obvious deformity.

<b>New injury (on radiographic imaging)</b>	A ne injury is an injury that was not previously identified by another study or examination.
<b>Neuro injuries</b>	Neuro injuries include fractures, intracranial hemorrhage or parenchymal injury. Isolated scalp injuries are NOT included."
<b>Patterned injury</b>	A patterned injury is one which has a distinct shape that may reproduce the characteristics of the object causing the injury
<b>Plans of Safe Care (POSC) and POSC Notifications</b>	A Plan of Safe Care is a document that lists and directs services and supports to provide for the safety and well-being of an infant affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Medical providers are required by law to notify the child protective services when an infant is affected by substances. This is not a report of suspected maltreatment. If the medical provider suspected maltreatment, a report must be made.
<b>Predisposing condition</b>	A condition that may predispose a child to develop an injury does NOT have to fully explain the injuries.
<b>Problem substance use</b>	This should include substance misuse and substance use disorder, defined as the use of alcohol or drugs (illicit or prescribed) in ways that lead to health problems or to problems at work, school, or home.
<b>Out-of-home care</b>	Out-of-home care or foster care is a temporary service provided by States for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living.
<b>Restrictions</b>	Restrictions includes requirements for supervision or inclusion or exclusion of family members from the home.
<b>Special health care need</b>	A chronic physical, developmental, behavioral, or emotional condition and requirement for health and related services of a type or amount beyond that required by children generally.
<b>Significant prematurity</b>	This is generally limited to children delivered at <33 weeks estimated gestational age, who are most likely to have physical and/or developmental problems attributed to their prematurity. Problems may include a range of physical and developmental problems including cerebral palsy, vision deficits, chronic lung disease, learning impairment, or behavioral problems. Select this if the CAP attributes a child's chronic conditions to prematurity
<b>Spine injury(ies)</b>	Spine injuries include fractures, ligamentous injury, subdural/epidural/subarachnoid hemorrhage and cord injuries.
<b>Step down unit</b>	Step down units provide an intermediate level of care between the Intensive Care Units and the general medical-surgical wards. These units are also commonly referred to as intermediate care units and transitional care units.
<b>Subconjunctival hemorrhage</b>	A subconjunctival or scleral hemorrhage occurs when a blood vessel breaks open in the white of the eye.
<b>Technology dependence</b>	Dependence on medical technology to support mobility, breathing, communication, or other activities of daily living.
<b>TEN-4-FACES Bruising</b>	Bruising to torso, ear, neck, angle of jaw, cheek, eyelid, or patterned bruising in child < 4 years old or any bruising to infant < 5 months old.

<b>Traumatic brain injury</b>	Traumatic Brain Injury (TBI) includes skull fracture and intracranial injuries but not isolated scalp swelling/bruising.
<b>Unilateral</b>	Located on one side of body.
<b>Unreasonable delay</b>	Delay in seeking care is unreasonable if a caregiver recognizes significant injury and/or injury symptoms but does not seek care. Delay is not considered unreasonable if the signs or symptoms of injury that would typically provoke a caregiver to seek care are absent. This should be identified in the CAP note.
<b>Unrelated foster placement</b>	Unrelated foster placement includes formal placement of a child with foster parents who are not relatives or family friends. Unrelated foster care can also include placement settings such as group homes, residential care facilities and emergency shelters.
<b>Vitamin D deficiency</b>	Diagnosis of vitamin D deficiency documented in medical record.

## 2. CAPNET PHYSICAL ABUSE: ABBREVIATIONS

<b>ABD</b>	Abdominal
<b>BESS</b>	Benign Enlargement of the Subarachnoid Spaces
<b>BEAF(I)</b>	Benign Extra-Axial Fluid (of Infancy)
<b>BRUE</b>	Brief resolved unexplained event
<b>CAN</b>	Child abuse and neglect
<b>CAP</b>	Child Abuse Pediatrician/Child Abuse Physician
<b>CPS</b>	Child protective services
<b>ED</b>	Emergency Department
<b>GERD</b>	Gastroesophageal reflux disease
<b>ICU</b>	Intensive care unit
<b>IPV</b>	Intimate partner violence
<b>OI</b>	Osteogenesis imperfecta
<b>SCHN</b>	Special health care need
<b>TEN-4-FACES Bruising</b>	Bruising to torso, ear, neck, angle of jaw, cheek, eyelid, or patterned bruising in child < 4 years old or any bruising to infant < 5 months old.
<b>TBI</b>	Traumatic brain injury

## 3. TYPICAL HEIGHTS FOR FURNITURE, BUILDING STORIES

<b>&lt; 3 feet</b>	Typical toddler bed, bed, coffee table, desk, dining table, couch
<b>3- &lt; 6 feet</b>	Typical bunk bed (top bed), bed (antique), kitchen counter, changing table, crib (crib height off floor + top crib mattress to top of side rail)
<b>6-10 feet</b>	Typical building story

#### 4. ABDOMINAL SOLID ORGAN INJURY GRADES

<b>Hepatic Injury Grade Definitions</b>		
Grade	Injury Type	Description of Injury
I	Hematoma	Subcapsular, < 10% surface area
	Laceration	Capsular tear, < 1cm ; parenchymal depth
II	Hematoma	Subcapsular, 10%-50% surface area ; intraparenchymal < 10 cm in diameter
	Laceration	Capsular tear, 1-3cm parenchymal depth, < 10 cm in length
III	Hematoma	Subcapsular, >50% surface area of ruptured subcapsular or parenchymal hematoma; intraparenchymal hematoma >10 cm or expanding
	Laceration	>3 cm parenchymal depth
IV	Laceration	Parenchymal disruption involving 25-75% hepatic lobe or 1-3 Couinaud's segments
V	Laceration	Parenchymal disruption involving >75% of hepatic lobe or >3 Couinaud's segments within a single lobe
	Vascular	Juxtahepatic venous injuries; ie, retrohepatic vena cava/central major hepatic veins
VI	Vascular	Hepatic avulsion

<b>Pancreatic Grade Definitions</b>		
Grade	Injury Type	Description of Injury
I	Hematoma	Minor contusion without duct injury
	Laceration	Superficial laceration without duct injury
II	Hematoma	Major contusion without duct injury or tissue loss
	Laceration	Major laceration without duct injury or tissue loss
III	Laceration	Distal transection or parenchymal injury with duct injury
IV	Laceration	Proximal transection or parenchymal injury involving ampulla
V	Laceration	Massive disruption of pancreatic head
<b>Renal Grade Definitions</b>		
Grade	Injury Type	Description of Injury
I	Contusion	Microscopic or gross hematuria, urologic studies normal
	Hematoma	Subcapsular, nonexpanding without parenchymal laceration
II	Hematoma	Nonexpanding perirenal hematoma confirmed to renal retroperitoneum
	Laceration	< 1.0cm parenchymal depth of renal cortex without urinary extravasation
III	Laceration	>1.0cm parenchymal depth of renal cortex without collecting system rupture or urinary extravasation
IV	Laceration	Parenchymal laceration extending through renal cortex, medulla, and collecting system
	Vascular	Main renal artery or vein injury with contained hemorrhage
V	Laceration	Completely shattered kidney
	Vascular	Avulsion of renal hilum which devascularizes kidney
<b>Splenic Grade Definitions</b>		
Grade	Injury Type	Description of Injury
I	Hematoma	Subcapsular, < 10% surface area
	Laceration	Capsular tear, < 1cm ; parenchymal depth
II	Hematoma	Subcapsular, 10%-50% surface area ; intraparenchymal, < 5 cm in diameter

	Laceration	Capsular tear, 1-3cm parenchymal depth that does not involve a trabecular vessel
III	Hematoma	Subcapsular, >50% surface area or expanding; ruptured subcapsular or parenchymal hematoma; intraparenchymal hematoma $\geq$ 5 cm or expanding
	Laceration	>3 cm parenchymal depth or involving trabecular vessels
IV	Laceration	Laceration involving segmental or hilar vessels producing major devascularization (>25% of spleen)
V	Laceration	Completely shattered spleen
	Vascular	Hilar vascular injury with devascularizes spleen