Guidance for clinicians

NHS
Royal Cornwall Hospitals
NHS Trust

Paediatric skeletal survey

Radiological examinations in cases of suspected physical abuse in children

This cover sheet contains guidance for **clinicians only**.

Read and remove this sheet before giving the remainder of the document to the parent(s) / person with parental responsibility.

File copy

All examinations for non-accidental injury must be treated as non-medical referrals for the purposes of the IR (ME) Regulations 2017 and as such full informed written consent obtained. The referring clinician should explain the procedure and obtain consent. This is a legal requirement for the radiographer to proceed. The patient must not attend the department without this consent.

Please ensure FULL INFORMED consent is obtained for the above examination prior to the patient being sent to the X-ray department and that this document is filed in the patient notes. You must explain why the skeletal survey is being performed.

CHA3663 V5
Reviewed 05/2025 Review due 05/2028

Patient Information to be retained by parent/guardian

NHS
Royal Cornwall Hospitals
NHS Trust

Paediatric skeletal survey radiographic examination

affix patient label

What is a skeletal survey?

A skeletal survey is a top-to-toe radiological examination. This is to look at your child's bones to assess if there are any breaks (fractures) or obvious bony diseases. Initially around 30 X-rays will be taken for this purpose. We may also need to perform a CT scan of your child's head to look for bone injury as well as internal pathology. The paediatricians (doctors who have special training in medical care for children) who see you on the ward will have explained why your child is having this examination. If you remain unsure, please ask to see a paediatrician for further discussion before you attend the X-ray department.

A second set of around 12 X-rays will be performed 11-14 days after the skeletal survey. Other X-rays may be needed as well but your child's doctor will explain if this is necessary.

What does it involve?

Your child may be taken to the CT scanning room for a CT head scan, and an X-ray room for X-rays to be taken. Your child will have (tick as appropriate):

- ☐ **CT scan** – CT stands for Computed Tomography and is a special kind of X-ray that records a series of slice pictures that give more detailed information than a normal X-ray. The CT scan involves your child lying on the CT bed. This is a very short procedure and usually completed in a few minutes. Time may be needed to settle your child as the stiller they are, the better the pictures.
- ☐ **X-rays** – these take longer, usually about an hour. This is because your child will need to be positioned for each X-ray. Around 30 X-rays will need to be taken. To allow us to take good quality images, your child will need to be held quite firmly for a few seconds to take the X-ray. Although the X-rays do not hurt, your child may find being held still distressing. Every effort is made to keep your child as comfortable as possible throughout the examination.

Patient copy

More images may be needed to help the doctors make a final decision and these will usually be taken before leaving the department. This does not necessarily imply a problem, in most cases it is to ensure the area in question is normal. Further X-rays will be performed 11-14 days after the skeletal survey. Other X-rays may be needed in the days or weeks after the study but your child's doctor will explain if this is necessary.

Are there any risks?

Your child will be exposed to radiation during the study. The amount will vary depending on exactly what imaging is performed and is often measured as an equivalent of background radiation. Background radiation is a very low dose of radiation that we are exposed to naturally, every day of our lives. The X-ray part involves exposure to an extra 2 months of background radiation and the CT head part an additional 12-18 months of background radiation.

Radiation exposure can increase the risk of cancer. We are all subject to factors that can increase our risk of cancer such as genetics, environment, background radiation and toxins (including those found in cigarette smoke). Published research has shown when all these factors are taken into account the additional cancer risk from your child undergoing a CT head scan is very, very small. Despite this, we take the utmost care to keep radiation doses as low as possible. We will only undertake these examinations when it is considered absolutely necessary.

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Can I stay with my child?

Yes, if you wish, but you are under no obligation. Some parents have found the process upsetting but you are welcome to be present. A staff member from the ward will be with your child at all times, caring for your child and assisting in the process. The radiographers taking the X-rays/CT will also be present. We find the X-ray part of the examination goes most smoothly when parents stay behind a see-through X-ray proof screen. You will be able to see your child throughout. We do ask that noise and distractions are kept to a minimum during the examination, and therefore we do not allow any photography or filming to take place whilst the X-rays are being taken. Your assistance is greatly appreciated but the radiography team must always be allowed to do their job to the best of their ability.

When do I get the results?

The images need to be looked at by two consultant radiologists (doctors who specialise in reviewing X-rays). The report will then be given to the paediatricians, who will let you know the result. This will not happen during or immediately after the skeletal survey. The radiographers cannot provide you with an indication of the result and we ask that you avoid approaching them for a report. Whilst most cases are dealt with within a few hours, it can take up to 24 hours.

What happens afterwards?

This varies depending on the result. Your paediatrician will be able to advise you of the next steps. All children will need a repeat set of X-rays 11-14 days after the skeletal survey and this appointment will be booked automatically for your child. Some children may need other X-rays at that time.

Patient copy

What am I agreeing to by signing this consent form?

Signing the consent form shows that you understand the following:

- your child **will / will not** have a CT head scan (delete as applicable)
- your child will have multiple X-rays of all parts of the body – usually around 30 images
- The examination will result in your child being exposed to radiation
- your child will be held firmly for very short periods during the skeletal survey
- your child may need extra images to help give a definite result
- your child will need a repeat set of X-rays (around 12 images) 11-14 days after the skeletal survey
- you will not be given a result in the X-ray department
- a paediatrician will inform you of the results in the next couple of days and advise on their future plans.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

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Revised 06/2020 V4 Review due 06/2023

Author: Claire Keaney

CONSENT FORM 2
PROCEDURE SPECIFIC PARENT / PERSON WITH PARENTAL RESPONSIBILITY AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

Paediatric skeletal survey radiographic examination

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- your child will need a repeat set of X-rays (around 12 images) 11-14 days after the skeletal survey
- you will not be given a result in the X-ray department
- a paediatrician will inform you of the results in the next couple of days and advise on their future plans.

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the child and their parent(s) / person with parental responsibility.
In particular, I have explained the intended benefits:

- *To assess if there are any breaks (fractures) or obvious bony diseases*

Significant, unavoidable or frequently occurring risks:

- *Exposure to radiation*

Any extra procedures which may become necessary during the procedure:

- Other procedure (please specify):

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this child and their parent(s) / person with parental responsibility.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Paediatric skeletal survey radiographic examination (CHA3663) which forms part of this document.

I am satisfied that this child and their parent(s) / person with parental responsibility has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the child and their parent(s) / person with parental responsibility to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

Patient copy

affix patient label

STATEMENT OF PARENT / PERSON WITH PARENTAL RESPONSIBILITY

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you and your child. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form and **I confirm** that I have 'parental responsibility' for this child.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to children having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save the life of my child or to prevent serious harm to his or her health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

Patient copy

I have received a copy of the Consent Form and Patient Information leaflet: Paediatric skeletal survey radiographic examination (CHA3663) which forms part of this document.

Signature: ..... Name (PRINT): ..... Date: .....

Relationship to child: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.

Witness signature: ..... Name (PRINT): ..... Date: .....

Child's agreement to treatment (if child wishes to sign)

I agree to have the treatment I have been told about.

Child's signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the child is admitted for the procedure, if the parent / person with parental responsibility / child has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: Name (PRINT): Date:

File copy

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NHS
Royal Cornwall Hospitals
NHS Trust

NHS number: .....
Name of patient: .....
Address: .....
AFFIX PATIENT LABEL
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Paediatric skeletal survey radiographic examination

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