

Supplemental Information

This is a sample note representative of consultation notes submitted for review. Examiner to R1 removes any reference to race and insures deidentification by removing names and potentially identifying locations. The R1 note was adapted for R2 to maintain the salient details of the history as presented but to remove social information. This adaptation was double-checked by a CAP to ensure that relevant details were included.

Items with a strike-through were removed and replaced as shown.

EXAMINER TO R1

J ~~Jonelle~~ is a 6-month-old ~~African-American~~ girl who was brought to the emergency department (ED) by her baby-sitter, Ms M, this morning at around noon today. The babysitter said that Mom's boyfriend dropped J ~~Jonelle~~ off at about 8:30 this morning. She said that J had vomit on her shirt and that she doesn't like this boyfriend because "He has tattoos like the boys in the gangs." Ms M runs an unlicensed daycare where she cares for 5 children including 2 of her grandchildren who are 5 and 7 years old. Ms M told the ED doctors that J otherwise appeared well and that she cleaned her up and washed her shirt in the sink. She did not notice any other problems. Several hours later, Ms M went to check on J who was having a nap because she thought the baby was sleeping longer than usual. The baby had vomited again and seemed pretty sleepy, so Ms M cleaned her up and thought that probably the baby was just tired. The baby refused her usual noon time

bottle and was hard to wake up, so Ms M says that she got worried and brought her to the ED.

Mom arrived at the ED shortly after Ms M brought J in because Ms M had called the manager of the local grocery store where Mom works. Mom isn't allowed to have her cell phone at work.

When Mom arrived, she related that J was normal when she got home from work yesterday. She was a little later than usual because she had an appointment at WIC. Mom's boyfriend had cared for J that day while she was at work because he recently lost his job, although Mom says it wasn't his fault. J had two 8 oz bottles and some cereal and some fruit. She seemed fine when she went to bed and slept from 8 PM to 2 AM, when Mom heard her fussing and got up and gave her a bottle. She left for work at 5 AM because she stocks the groceries and her boyfriend was going to take J to daycare. Her boyfriend and J were both asleep. Mom states that her boyfriend is not J's biologic dad but that he loves J like his own daughter and is always very careful with her. When he first moved in he liked to toss her in the air, but she explained to him that this wasn't a good idea and now he just lifts her in the air. She has never noticed any bruising on J. He moved in with the family 3 weeks ago. J's biologic dad is incarcerated and had been abusive toward Mom. There are no other people living in the apartment and no one other than Mom and boyfriend have cared for J. Mom does not know how J could have gotten her injuries. Mom does state that a lady held J at church last week.

When I interviewed Ms M, she says that she has never seen any bruises or other marks on the baby. She states that she found out when she got home that her 7-year-old granddaughter had picked the baby up out of the crib and held her because she had heard the baby making funny noises. She hadn't told her grandma because she was afraid to get in trouble for holding the baby. However, Ms M states that her granddaughter knows how to handle a baby and denies dropping her. Ms M also thinks that this boyfriend is new and he must have done something because the baby's mom is a good person who had some troubles when she was younger because her mom (maternal GM) had a string of men through the house and drank too much, but has straightened herself out.

The boyfriend, K, is a 23-year-old ~~Hispanic~~ man who stated that J seemed fine that morning and ate her usual breakfast. He said that he was good at taking care of babies because he had cared for his younger brother at home. K relates that J vomited just before he dropped her at Ms M, but he had to hurry because he was trying to find work. K seemed nervous when I interviewed him and kept playing with his cell phone. He does not know how J might have gotten her injuries.

R1 TO R2

J is a 6-month-old girl who was brought to the ED by her babysitter, Ms M, this morning at around noon today. The babysitter said that ~~Mom's boyfriend~~ the paternal caregiver

SUPPLEMENTAL TABLE 5 Required Laboratory, Radiologic, and Consultant Elements of the Evaluation for Neurotrauma and Long Bone Fracture Identified by Expert Consensus

Domain	Neurotrauma ^a	Long Bone Fracture	Skull Fracture ^b
Laboratory	Complete blood count, coagulation screening (PT and/or PTT), liver enzymes (ALT and/or AST)	None	None
Radiology	Head CT, skeletal survey (children <24 mo)	Head CT (children <6 mo) Skeletal survey (children <24 mo)	Head CT, skeletal survey (children <6 mo)
Consultation	Pediatric ophthalmology (children <12 mo)	None	None

ALT, alanine transaminase; AST, aspartate aminotransferase; CT, computerized tomography; PT, prothrombin time; PTT, partial thromboplastin time.

^a All neurotrauma cases had evidence of a traumatic brain injury beyond skull fracture with small underlying bleed.

^b Skull fracture cases were not included in the analysis of evaluation because there are no requirements over age 6 mo.

(PCG) dropped J off at about 8:30 this morning. She said that J had vomit on her shirt. ~~and that she doesn't like this boyfriend because "He has tattoos like the boys in the gangs."~~ Ms M runs an unlicensed daycare where she cares for 5 children including two of her grandchildren who are 5 and 7 years old. Ms M told the ED doctors that J otherwise appeared well. ~~and that she cleaned her up and washed her shirt in the sink.~~ She did not notice any other problems. Several hours later, Ms M went to check on J who was having a nap because she thought the baby was sleeping longer than usual. The baby had vomited again and seemed pretty sleepy, so Ms M cleaned her up and thought that probably the baby was just tired. The baby refused her usual noon time bottle and was hard to wake up, so Ms M says that she got worried and brought her to the ED.

~~Mom~~ The maternal caregiver (MCG) arrived at the ED shortly after Ms M brought J in. ~~because Ms. M had called the manager of the local grocery store where Mom works. Mom isn't allowed to have her cell phone at work.~~

~~When Mom arrived,~~ she MCG related that J was normal when she got home from work yesterday. She was a little later than usual because she

~~had an appointment at WIC. Mom's boyfriend~~ PCG had cared for J that day while she was at work. ~~because he recently lost his job, although Mom says it wasn't his fault.~~ J had two 8 oz bottles and some cereal and some fruit. She seemed fine when she went to bed and slept from 8 PM to 2 AM, when Mom MCG heard her fussing and got up and gave her a bottle. She left for work at 5 AM. ~~because she stocks the groceries and her boyfriend was going to take J to daycare. Her boyfriend and J were both asleep. Mom states that her boyfriend is not J's biologic dad but that he loves J like his own daughter and is always very careful with her. When he first moved in he liked to toss her in the air, but she explained to him that this wasn't a good idea and now he just lifts her in the air. She MCG has never noticed any bruising on J. He moved in with the family 3 weeks ago. J's biologic dad is incarcerated and had been abusive toward Mom.~~ There are no other people living in the apartment and no one other than Mom and boyfriend MCG and PCG have cared for J. ~~Mom MCG does not know how J could have gotten her injuries. Mom does state that a lady held J at church last week.~~

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