

Shaken baby syndrome: treatment and prognosis



**ASSIGN
BUSTER**

- Ojeni Mardiroui

Table of Contents (Jump to)

Introduction

Diagnosis and Treatment

Prognosis of SBS

Recommendations

Conclusion

References

Shaken Baby Syndrome, it's Treatment and what is the Prognosis

Introduction

“ Child abuse” is abroad term that encompasses neglect, sexual or emotional abuse, and physical cruelty. Child abuse is common all over the world. Child abuse can lead to non accidental head injury (NAHI) or Abuse related craniocerebral trauma. These are injurious to the health of children. A number of children die every year due to the NAHI all over the world. In addition to this NAHI and SBS are the most common and frequent cause of death in the children of age between 6 to 12 months. Shaken baby syndrome includes violent shaking of a child, held by torso or extremities. The violent shaking of child causes uncontrolled abrupt head movements which eventually lead to trivial bruising or any trauma. The clinical symptoms of SBS include signs of severe diffuse cerebral trauma that is subdural hemorrhage, encephalopathy and retinal hemorrhage. In addition to this, <https://assignbuster.com/shaken-baby-syndrome-treatment-and-prognosis/>

sometimes rib fractures or several combinations of metaphyseal fractures also occur (Matschke, Herrmann, Sperhake, Körber, Bajanowski, and Glatzel, 2009). The shaking baby syndrome is an old legal and medical diagnosis in the infants and adolescents. The SBS is also termed as abusive head trauma (AHT) and constitute same signs and diagnostic symptoms. Both of these traumas can be identified with the help of their symptoms (Squier, 2011).

Discussion

It is not essential that shaken baby syndrome is only caused by violently shaking the baby, but it can also be caused by hitting the head of baby on the wall or bed or floor surface. In this way, the brain in the skull displaces from its position. With the movement of brain, the blood vessels of the brain got damaged and bleeding occurs inside the skull, leading to irreparable damage or injury. Other problems that are associated with brain injury are blindness, cerebral palsy, learning and behavior problems, hearing loss, paralysis, seizures, or death. It is also evident that no symptoms are shown on the body of the baby after shaking the baby, however, sometimes bones are broken or bruising may occur (Squier, 2011).

Diagnosis and Treatment

Since in case of shaken baby syndrome, the victim is not able to identify the abuse or cannot talk about the pain and suffering, so it is difficult to diagnose and treat the shaken baby syndrome. Generally, the parents or caretaker of the victimized baby refute any type of abuse, or they may have not seen it, therefore it is difficult to correlate the findings with the history of the SBS (Findley, Barnes, Moran, and Squier, 2011).

<https://assignbuster.com/shaken-baby-syndrome-treatment-and-prognosis/>

It is not guaranteed that the course of treatment would confirm or disapprove shaken baby syndrome. It is not necessary that a particular treatment or medication can treat the injury caused by SBS. Therefore, the SBS is not diagnosed easily; however, it can be taken as a legal conclusion. On the other hand, it is easy for the physicians to diagnose encephalopathy, retinal hemorrhage and subdural hemorrhage from eye examinations and radiology images (Findley, Barnes, Moran, and Squier, 2011).

It is also evident that the infants are soft and delicate and even a small injury can pose a threatening effect on their future lives. They are also more tolerant of increased intracranial pressure. A common cause of delay in the diagnosis of shaken baby syndrome is that the assessment of signs and symptoms of SBS in infants are not easy. This is because of the reason that the infants are in their developmental stage. Commonly, the Glasgow Coma Scale is used to measure the level of impairment in the children by the shaken baby syndrome. This scale is not reliable enough and the results obtained from this scale are doubtful.

The diagnosis of SBS is difficult; however, following conditions prevailing in a child can lead the healthcare professionals towards the diagnosis of SBS.

- If a child is presenting an unbelievable signs and symptoms consistently
- If a new adult partner is present at home
- If the parents or care taker show least interest in seeking medical treatment for the child
- If there is a delay in acquiring medical treatment

- If there is any previous record of child abuse
- If at the time of injury, no primary caregiver was present

Along with the above mentioned symptoms, there are also some factors that are proved to be helpful for the healthcare professionals; they include cardiovascular collapse or mysterious shock, and inexplicable changes in neurologic status. After physically examining the affected child and after taking the history, there are some diagnostic tests that help to confirm the prevalence of SBS in child. These tests include magnetic resonance imaging (MRI), ophthalmologic exam, computed tomography (CT) scan, and x-rays. If the healthcare professional notices no evidence of increased intracranial pressure and if a subarachnoid hemorrhage is assumed, then a lumbar puncture is performed by the healthcare professional to confirm the diagnosis of SBS (Squier, 2011).

Prognosis of SBS

The infants who suffered from SBS, their prognosis is worse as compare to those infants who experience accidental head trauma. Depending upon the severity of the signs and symptoms presented by the victim, the treatment plan of SBS is finalized. The treatment plan may encompass life sustaining or emergency measures as per requirement and prevailing condition of the affected child.

In some of the cases brain surgery is recommended for the affected children, for relieving the intracranial pressure and along with this, respiratory support is also needed. There are some children who need a short term treatment procedures, and some children who are badly affected by the abuse, may

need a long term treatment plan for coping up with the condition. The treatment plan may include occupational and physical therapy, special education and speech therapy. One third of the survivors of SBS may experience adverse conditions and disabilities, like lack of ability to walk, sit, or breathe. Most of the survivors undergo a vegetative state, and become nonresponsive throughout their lives. However, some survivors suffer from behavioral and learning problems, seizures, blindness, and other disabilities in their upcoming future (Matschke, Herrmann, Sperhake, Körber, Bajanowski, and Glatzel, 2009).

Recommendations

Education is the best practice that can lead to prevention of shaken baby syndrome. The most significant intervention that nurses can take is the provision of education to the parent/caregiver, instead of assisting in life saving measures. Therefore the prime responsibility of nurses is to educate the masses so that such syndromes can be avoided.

On the other hand, parents should be educated about the effective measures that can be taken to prevent SBS. Despite the fact that the newborn babies cry a lot, however, the behavior of the parents should calm and cool towards their new born child. If the baby continuously cries, then the parents should make sure that any signs of illness are prevailing or not, or make sure if the child is hungry and needs to be burped. If parents suspect any sort of injury or illness in the young children, they should immediately consult a doctor (Centers for Disease Control and Prevention, CDC, 2012).

The parents should realize that it is not the fault of baby neither parents, if the baby continuously cries or if the parents are unable to calm their babies.

All the normal and healthy babies cry a lot after their birth and till they become mature. The National Center for Shaken Baby Syndrome (NCSBS) has recommended the use of a special technique called, PURPLE. It stands for;

Peak Pattern: for about two months the crying increases then it gradually decreases

Unpredictable: a child may cry for long period of time without any reason

Resistant to Soothing: child may cry for an indefinite period

Pain-like Look on Face: a child may have expressions like he/she is having pain

Long Bouts of Crying: a child can cry for hours

Evening Crying: a child becomes active at evening and night and keeps on crying (Centers for Disease Control and Prevention, CDC, 2012).

Conclusion

Shaken baby syndrome is a devastating intentional injury that can lead to adverse health outcomes of a child. In Shaken baby syndrome, an injury occurs when a child is violently moved or shakes. The violent shaking of child ultimately leads to trivial bruising or any brain injury that can be fatal for the child. The diagnosis of SBS is complicated and requires proper medical history. Prevention of the syndrome is the most effective step to avoid the <https://assignbuster.com/shaken-baby-syndrome-treatment-and-prognosis/>

condition. All the babies cry in their early childhood, so the parents should be calm and treat their children accordingly.

References

Centers for Disease Control and Prevention (CDC). (2012). A journalist's guide to Shaken Baby Syndrome: a preventable tragedy, retrieved from http://www.cdc.gov/concussion/pdf/sbs_media_guide_508_optimized-a.pdf

Findley, K. A., Barnes, P. D., Moran, D. A., & Squier, W. (2011). Shaken baby syndrome, abusive head trauma, and actual innocence: getting it right. *Hous. J. Health L. & Pol'y*, 12, 209, retrieved from http://www.law.uh.edu/hjhlp/Issues/Vol_122/Barnes.pdf

Kelly, R. H., & Bravos, Z. M. (2009). A critical look at the shaken baby syndrome. *ILL. BAR J.*, 97, 200, retrieved from http://www.lawbravos.com/PDFs/shaken_baby.pdf

Matschke, J., Herrmann, B., Sperhake, J., Körber, F., Bajanowski, T., & Glatzel, M. (2009). Shaken baby syndrome. *Dtsch. Arztebl. Int*, 106, 211-217, retrieved from <http://www.aerzteblatt.de/pdf/DI/106/13/m211.pdf>

Retrieved from <http://www.cdc.gov/concussion/headsup/sbs.html>

Squier, W. (2011). The "Shaken Baby" syndrome: pathology and mechanisms. *Actaneuropathologica*, 122(5), 519-542, retrieved from <http://www.wisspd.org/htm/ATPracGuides/Training/ProgMaterials/Conf2011/ShakenBabyCases/18.pdf>

<https://assignbuster.com/shaken-baby-syndrome-treatment-and-prognosis/>

<https://assignbuster.com/shaken-baby-syndrome-treatment-and-prognosis/>

Stewart, T. C., Polgar, D., Gilliland, J., Tanner, D. A., Girotti, M. J., Parry, N., & Fraser, D. D. (2011). Shaken baby syndrome and a triple-dose strategy for its prevention. *Journal of Trauma and Acute Care Surgery* , 71(6), 1801-1807, retrieved from http://journals.lww.com/jtrauma/Abstract/2011/12000/Shaken_Baby_Syndrome_and_a_Triple_Dose_Strategy.54.aspx

http://journals.lww.com/jtrauma/Abstract/2011/12000/Shaken_Baby_Syndrome_and_a_Triple_Dose_Strategy.54.aspx