

When Injuries Speak:

Forensic Wound Identification of Possible Abuse & Neglect of Vulnerable Persons

Parts 1 & 2

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4N6 RN

- Forensic Nurse
- Forensic = Pertaining to the Law
- International Association of Forensic Nurses
- www.iafn.org
- 1-410-626-7805

Objectives

- Identify the physical indicators of intentional abuse that will help differentiate intentional from accidental trauma.
- Apply the principles of forensic documentation, including photography into client record care and investigative records.
- More accurately document violence-related injuries using correct medical forensic terminology.
- Identify specific injuries from a series of case studies, then discuss strategies to teach other nursing and direct care staff how to document more objectively and without bias.

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Falls Cause Most Injuries in Care Settings

- Falls can be:
- Accidental
- Intentional
- Preventable
- Unpreventable
- Let's look at the risks

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Resident Vulnerabilities

- Environmental hazards (water on floor, equipment in the way, poor lighting)
- Underlying medical conditions
- Medication side effects
- Lower extremity weakness
- Balance disorders
- Poor grip

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Resident Vulnerabilities

- Visual deficits
- Inner ear conditions
- Functional impairments
- Cognitive impairments
- Other causes.....

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Post-fall actions include....

- Assess for injuries
- Provide all needed emergent and follow-up treatment
- What caused and/or contributed to the fall
 - Multi-factorial
- ***Think of all reasonable theories of causation***
- Ask the patient, even if patient is confused or non-verbal – document the reply or lack of reply
- Ask the direct care staff their theories of causation

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- Fell down versus found down
- Name of person(s) who witnessed the fall.
- Name of person(s) who found the patient down.
- Location of the fall or found down site...
 - Sidewalk, lawn, carpeted bedroom, tiled floor

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Sample charting - clarify fell versus found down

- Mrs. J. Jones reportedly found on tiled bathroom floor at 2315 hours by direct care staff, R. Gilbert, J. Gentile.....
- Mrs. J. Jones reportedly fell at 2315 hours witnessed by direct care staff, R. Gilbert, J. Gentile...

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- Prevention of future falls
- Strategies tried
 - What was/was not helpful
- REVISE THE CARE PLAN
- TRAIN ALL STAFF ON THE NEW PLAN OF CARE

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EVEN CMS SAYS...

- A fall by a resident does not necessarily indicate a deficient practice
- Because
- NOT EVERY FALL CAN BE AVOIDED

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Alphabet of Injuries

- Warning: Many graphic slides
- All slides have a training value
- Not shown for graphic purposes

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Free Online Injury Course

- <http://www.une.edu/mainegec/online-courses>

Free course. Voice over PowerPoint with injury slides plus three video-taped assessment interviews in health care settings.

Approved for 2.0 University of New England CEU credits

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- Examples of Forensic Terminology and Injuries
- Medical Dictionary: **Forensic** means relating to or dealing with the application of scientific knowledge to legal problems (i.e., a *forensic* pathologist or *forensic* experts).

- <https://www.nlm.nih.gov/medlineplus/mplusdictionary.html>
- <http://www.merriam-webster.com/medlineplus/forensic>

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Survey says....

- How many of you have never accidentally hurt yourself?
- Locations???
- Accidental versus intentional
 - Distal
 - Proximal (central, midline, hidden)

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Mechanism of Injury

- Mechanically – how could the injury have occurred???
- Think through the injury – try to mentally or physically recreate the mechanism
- Often times there can be a combination of mechanisms resulting in different types of injury

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Common mechanisms

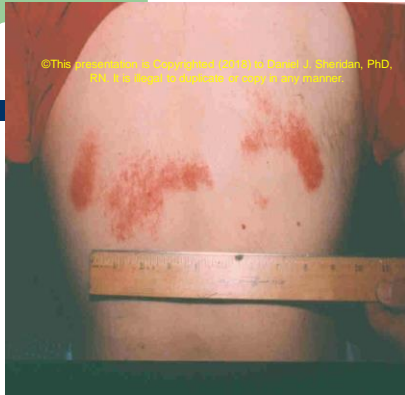
- Blunt force injury
 - Bruising, lacerations, fractures
- Crushing injury – same as above
- Sliding injury – abrasions, skin tears
- Sharp injury
 - Incisions, cuts, stab knife wound
- Penetrating injury
 - Knife wound
 - Puncture wound – stabbed with ice pick
 - Bullets – shrapnel

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Abrasion

- A wound caused by rubbing or scraping the skin or mucous membrane.

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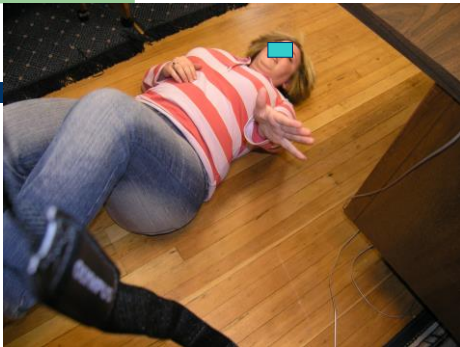








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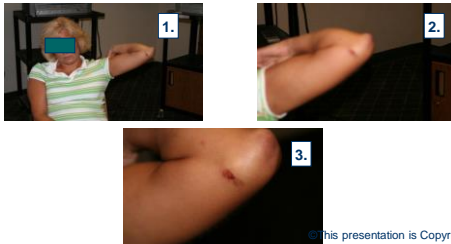


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Rule of Thirds



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Avulsion

- The tearing away of a structure or part. Often seen as a partial avulsion.

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MAY 23 2002
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Bruise

- Blunt force or squeezing force trauma that results in a superficial discoloration due to hemorrhage into the tissue from ruptured blood vessels from beneath the skin surface without the skin itself being broken:
- also called a contusion.

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Contusion

- A bruise:
- Traumatic injury of tissue without breakage of skin; blood accumulates in the surrounding tissue producing pain, swelling, tenderness, and discoloration.

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Never date a bruise

- See Langlois & Gresham, 1991
- See Nash & Sheridan, 2009
- See Hughes & Langlois, 2010
- Katherine Nash Scafide, 2011

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Cut

- See incision.

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Ecchymosis (singular) Ecchymoses (plural)

- A hemorrhagic spot or blotch, larger than petechia, in the skin or mucous membrane forming a non-elevated, rounded, or irregular blue or purplish purpuric patch.
- Ecchymosis is not injury from blunt force trauma. It is NOT a bruise or contusion.
- Ecchymosis is purpura usually in the skin or mucous membranes.

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Ecchymosis

- **Ecchymosis** in the elderly is often to the arms and/or hands.
- Blunt force trauma to the mid face often results in the development of bilateral periorbital **ecchymoses** (raccoon eyes).
- Discoloration from a **bruise** can be pulled by gravity downward. The downward discoloration is called **ecchymosis** while the discoloration at the point of blunt impact is called a **bruise**.

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Review All Medications

- While many medications may place a resident at risk to bruise or bleed, the following are among the more common:

- Aspirin
- Coumadin (warfarin)
- Heparin
- Plavix
- Valproic Acid
- Prednisone



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Review All Dietary Supplements

- Over 40 common, over-the-counter vitamins and supplements can place a patient at possible risk to bleed more easily or bleed longer, especially if the patient is already taking medication that is placing her or him at risk.
- The paid caregiver, family members, must be taught about medication-supplement interactions. Among the more commonly consumed at-risk supplements are
 - bilberry,
 - ginger,
 - garlic, and
 - ginkgo biloba.

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Medications

- There is NO MEDICATION that CAUSES a patient to bruise !!!!!

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Hematoma

- A localized collection of blood

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Hematoma

- **Hematoma:**
 - A localized collection of blood from a broken blood vessel (s).
- **Hematoma** is not a synonym for a *bruise* or a *contusion*.



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Hemorrhage

- The escape of blood from a ruptured vessel. It can be internal, external, or into the skin or other tissue.

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Incision

- An **Incision** = A **cut**.
- A **cut** that is deeper than it is wide is a **stab wound**
- A wound made by a sharp instrument or object (a sharp injury).
 - Scalpel, knife, razor, paper

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Laceration

- The act of tearing. A wound produced by the tearing of body tissue often from blunt impact that is distinguished from a cut or incision.
- They're messy and often contain "stuff."
- "Stuff" = trace evidence = charted as "debris" in your notes

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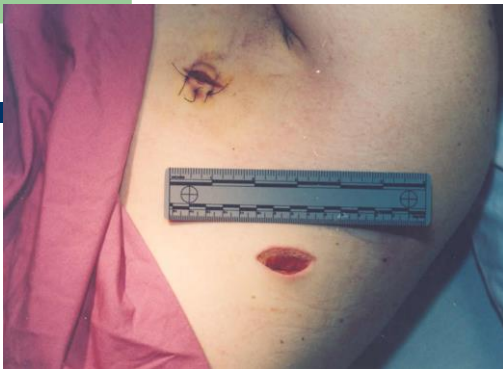
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Lesion

- Any pathological or traumatic discontinuity of tissue or loss of function of a part.
- Broad term, including sores, ulcers, tumors, or other tissue damage.

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Patterned Injury

- An injury where one is reasonably certain an object caused the injury, or certain which object caused the injury and/or by what mechanism an injury was caused.

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Coining

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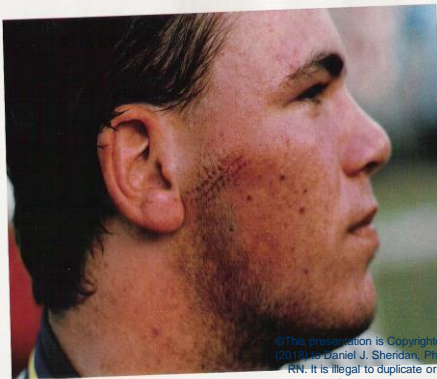
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Cupping

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Types of Strangulation

- Manual
 - Hands, arm headlock, leg scissor headlock, forearm, knee, foot (most common)
- Ligature
 - Any cord-like object wrapped around the neck
- Mechanical
 - Bedrails, electric powered equipment (patient beds), staircase rails

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Patterned Injury



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- Patterned burn-like imprint, reddish in color consistent with a cigarette lighter.

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Pattern of Injury

- Injuries in various stages of healing, including new and old scars, contusions, fractures, wounds.



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Central Clearing = Tramline Bruising

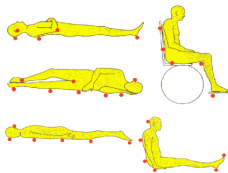
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• Pressure ulcers

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Locations of Pressure Ulcers



- Bony Prominence
- 95% on lower half of body
- Sacral area most common.

<http://www.health.nsw.gov.au/hospitalinfo/pressure.html>

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Take Home Points

- ALL Pressure ulcers are NOT preventable, but many are preventable.....
- ALL Pressure ulcers are NOT curable, but many are curable....
- HOWEVER....
- ALL PRESSURE ULCERS ARE TREATABLE !!!!!!!!!!!!!!!

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Petechia

- *Petechia* are minute, pin-point, non-raised, perfectly round, purplish-red purpuric spots caused by intradermal or sub-mucous hemorrhage, which later turn blue then yellow before fading away.

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Petechia

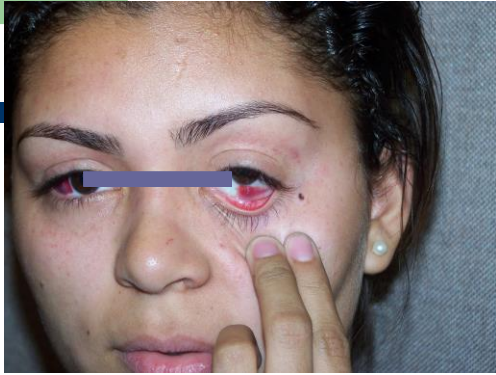
- Petechia are caused by the rupture of capillaries. When blood is not allowed to leave the head/face because of occlusion or compression of the jugular veins, capillaries will burst in and around the eyes and face.



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Puncture

- The act of piercing or penetrating with a pointed object or instrument.

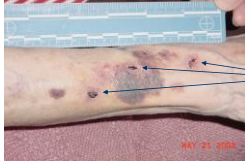
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Purpura

- *Purpura* is a *hemorrhagic* rash with leakage of blood into the tissue.
- Often associated with bleeding or clotting disorders. *Ecchymosis* and *petechia* are forms of *purpura*.

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Skin Tear



- *Skin tear:*
 - See *Avulsion*

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Trace Physical Evidence

- Often embedded in an injury or the clothes of the patient will be trace physical evidence. One needs to ask herself if the trace physical evidence in wound or clothing (either observed in-person or by history) supports or distracts from the reported history or theory of causation.

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Unexplained Injury

- It is relatively common, especially for institutionalized elderly to hear from caregivers that they have no idea how the patient received her/his injuries.
- All significant unexplained injuries to vulnerable patients should raise one's suspicions of possible abuse or neglect.

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Wound

- A bodily injury caused by physical means, with disruption of the normal structures
 - contused w. - one which skin is unbroken
 - incised w. - one caused by cutting instrument
 - lacerated w. - one in which tissues are torn
 - open w. - one having free outward opening
 - penetrating w. - one caused by a sharp, slender object that passes through the skin into tissue

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Written Documentation

- Hallmark of a thorough investigation of suspected abuse or neglect includes a review of notes in resident's records and internal investigative forms.
- Everybody - take a few seconds to think about the written **notes** before writing them.
- What is written or not written has forensic implications.

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Forensic Written Documentation

As verbatim as possible – paraphrase as needed

Do not sanitize or “medicalize”

Avoid pejorative documentation

- Do not use “client/patient refused,” “uncooperative,” or “non-compliant”
- Never use “Alleged,” especially in a medical record
- Never write – “client/patient claims she was....”
- Replace with “client/patient declined – said - reports”

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Documentation Pearls

- If you did not chart it.....
- You did not do it!!!!
- Avoid personal opinion
- Avoid charting arguments with co-workers
- Avoid derogatory remarks about client, family, or other providers
- Write legibly, legibly, legibly, legibly

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Avoid pejorative documentation

- Stop charting “refused”
- Stop charting “uncooperative”
- Stop charting “non-compliant”
- Stop charting “alleged” and “allegedly”
- Stop charting your feelings
- Stop charting your anger

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Visually Documenting Abuse or Neglect

- There are now two common methods of photographically recording injury and wounds from suspected abuse or neglect:
 - Digital cameras
 - Body maps

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Body Maps – see handouts

- Easily available (paper or electronic)
- Full body
 - Anterior view,
 - Posterior view
 - Lateral views
 - Close-ups
 - Face
 - Male & female genitalia
- Used regularly
- If paper – restock supply
- Stamped – labeled correctly
- Permanently entered into the medical record

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Body Maps – Pictorial Documentation

- Draw or circle area of injury or the lesion
- Insert line to the side and label
- If overlapping injury, draw in overlapping circles and label
- Include on the body map approximate size, color, shape of the injury or lesion
- With EMR's, use the mouse to "draw" the injury/lesion

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Forensic Photography

- Digital
- Frontal ID shot
- Rule of thirds
- Use different lighting
- Bracket your photographs
 - Patient Name
 - DOB
 - Name of Photographer
 - Patient ID Number
 - Date/Time of Photo
 - Physical Location

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Procedure on Taking Photographs

Take pictures of injury(ies) using Rule of Thirds

From
6 feet
4 feet
2 feet

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Rule of Thirds



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Policy on Taking Photographs

- Photographs are NO DIFFERENT than
 - X-ray, other radiographs, computerized imaging or ultrasounds
- Photographs are a pictorial representation of a client/victim/patient assessment
- Medical documentation of injury or lesion

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Policy on Taking Photographs

- Obtain "Consent to Photograph"
 - Prudent even though non-physically invasive, could be "personally invasive"
- Suggestions on obtaining consent
 - With every new admission, include a form
 - Send a letter to guardian, family member, medical power of attorney...
 - Effective on such & such date, routinely medically photograph significant or suspicious injuries

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Policy on Taking Photographs

In letter or policy state purpose of the photographs

People accidentally hurt themselves throughout the lifecycle – recognize we all walk/bump into things, close doors on fingers and hands, jam fingers, stub toes, bang heads bending over to pick up things !!

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Policy on Taking Photographs

In letter or policy state purpose of the photographs

People pull muscles and the deep muscle tear can cause bleeding deep in a muscle that works its way to the skin surface days later and first appears looking like an "older bruise"

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Policy on Taking Photographs

In letter or policy state purpose of the photographs

While very rare, residents could be intentionally injured by another resident, a visitor or a staff person – despite reasonable efforts to maintain a violence-free facility

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Policy on Taking Photographs

In letter or policy state purpose of the photographs

State the photographs will be used for medical documentation of injury and to track wound healing over time

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Policy on Taking Photographs

Invest in a quality digital camera(s) –
Can get a good camera from \$250 to \$350
Minimum of 8 megapixels with zoom capabilities – I prefer camera with a Digital SLR lens where you look into the little eye piece and turn the lens to zoom in and out
VERSUS using the screen at the back of the camera

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Policy on Taking Photographs

Have enough cameras to cover the facility

Locked in an easily accessible location

No one has time to search for the camera,
waste of valuable time

**NEVER USE OR ALLOW PERSONAL CELL
PHONE CAMERAS**

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Policy on Taking Photographs

Daily or q shift inventory

Camera **ONLY** to be used for patient
documentation

Not for baby showers, retirement parties,
staff birthdays

Spare batteries

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Procedure on Taking Photographs

Go to a training on the use of the camera

Practice with the camera

Check outside of the patient's room that the
battery is charged

Be sure there is a new "diskette" in camera

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Policy on Taking Photographs

What do you do with the images?

Involve Agency or Medical Records

Administrators

Paper records – secure file

Electronic records – secure folder

“Need to know” access

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Policy on Taking Photographs

Will you or can you electronically send jpg
images to the on-call nurse/medical
provider?

One photo can be huge (3 to 4 mb)

Lower (dummy down) the image quality setting
in the camera – or “compress” the image
prior to sending

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Policy on Taking Photographs

Require “Serial Photography” to demonstrate
wound healing over time.

No different than follow up x-rays post known
or suspected aspiration

Examples later in the training.

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- Serial Photography

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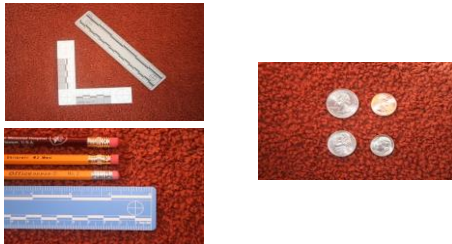
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Forensic Photography

- Photograph the environment - measure the room/furniture/equipment
- Color slides/tape measures/stick-ums
- Use a scale - ruler/coin/pencil
- Match injury to object if possible

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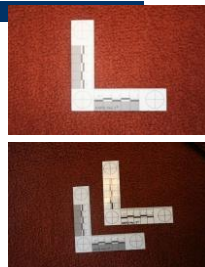
Common Forensic Photographic Scales



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ABFO Standardized Rulers

- The right angle scale can be used in any image.
- The American Board of Forensic Odontologists (ABFO) has developed a standardized "right angle" ruler recommended for known or suspected bite injuries.



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Standard Rulers

- Lightning Powder Company
- www.redwop.com

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Labeling Photographic Images

- Whenever and by whomever pictures are taken in a facility, the photographs must be properly labeled.
- The following slides discuss the proper labeling of photographic images.

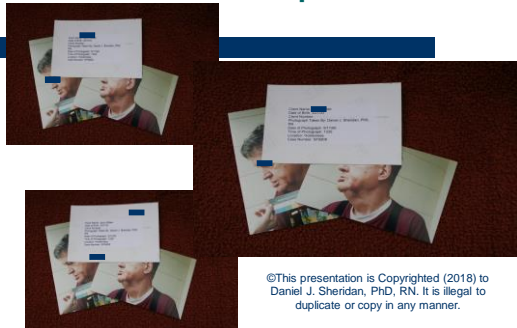
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Labeling Photographic Images

- One of the most effective ways to label print photographs is with 2" X 4" shipping gum labels available from any office supply store.
- The labels can be written by hand or typed and printed on a laser or ink jet printer.

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Labeled Photo Example



Labeling Photographic Images

Label all pictures with:

- Patient/resident name
- Date of birth & ID number
- Facility name
- Date and time of photo
- Location of injury on the body
- Photographer's name
- Location
- Case number (if assigned)

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Photographic Documentation

- Medical photographs can be subpoenaed and presented in court as evidence if the case goes to trial.
- Patients should sign a "consent to photograph" form before health care providers take medical photographs.
- Use body maps as well as photographs to show accurate bruise coloring or unnoticeable tenderness that may not be visible in a photograph.
- High quality photographs are important as part of prudent documentation.

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Photographic Documentation

- The photograph is a true and accurate representation of what the health care professional examined and treated on the day of the exam.

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Collecting and Preserving Evidence

- The facility must have a protocol for evidence collection by facility staff that has been reviewed by local law enforcement, prosecutors, and the facility's legal counsel.
- In cases of abuse, facilities need to collect and preserve clothing that is bloodied or soiled. This includes bloodied or soiled bed sheets, clothes, and undergarments.

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Collecting and Preserving Evidence



- If the patient has debris (trace physical evidence) on her or his body, some of the material should be swabbed into a clean sealable cup before it is washed away, unless delaying the washing process places the resident at increased risk of infection.
- Swab debris into a clean cup, seal and place a patient gum label on the container, and document when and from where the debris was collected.

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Collecting and Preserving Evidence

- Use air permeable paper bags rather than plastic bags, esp. if there is moisture (blood, body fluids, water) on items.
- Moisture evaporates through paper and will minimize evidence-destroying mold and bacterial growth.



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Collecting and Preserving Evidence



- Trace physical evidence on the clothing and/or on the patient may fall off while getting undressed.
- Therefore, whenever possible, have the patient stand on two sheets while the patient is undressing.

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Collecting and Preserving Evidence

- To minimize cross-contamination, do not pile clothing items on top of each other.



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Collecting and Preserving Evidence



- If obvious blood or other trace physical evidence is found on the clothing, collect it.

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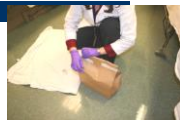
Collecting and Preserving Evidence



While wearing gloves, individually place each item of clothing into a paper bag.

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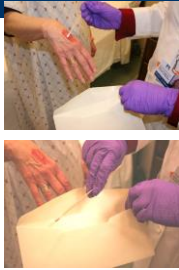
Collecting and Preserving Evidence



Fold the bag over. Secure with tape. Label with a patient ID sticker. Then sign with the date and time.

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Collecting and Preserving Evidence



All envelopes, no matter the size, used for any evidence collection need to be sealed and labeled in a similar fashion.

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Questions ?

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When Injuries Speak:

Forensic Wound Identification of Possible Abuse & Neglect of Vulnerable Persons

Parts 1 & 2

Daniel J. Sheridan, PhD, RN, FAAN Professor
Forensic Health Care Education, Research & Intervention Program,
Texas A & M University College of Nursing, Bryan, TX

Forensic Nurse Consultant-Oregon Dept. of Human Services
Retired Associate Professor, Johns Hopkins University School of Nursing
Adjunct Associate Professor, Flinders University School of Nursing & Midwifery, Adelaide, South Australia

4N6 RN

- Forensic Nurse
- Forensic = Pertaining to the Law
- International Association of Forensic Nurses
- www.iafn.org
- 1-410-626-7805

Objectives

- Identify the physical indicators of intentional abuse that will help differentiate intentional from accidental trauma.
- Apply the principles of forensic documentation, including photography into client record care and investigative records.
- More accurately document violence-related injuries using correct medical forensic terminology.
- Identify specific injuries from a series of case studies, then discuss strategies to teach other nursing and direct care staff how to document more objectively and without bias.

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Falls Cause Most Injuries in Care Settings

- Falls can be:
 - Accidental
 - Intentional
- Preventable
- Unpreventable
- Let's look at the risks

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Resident Vulnerabilities

- Environmental hazards (water on floor, equipment in the way, poor lighting)
- Underlying medical conditions
- Medication side effects
- Lower extremity weakness
- Balance disorders
- Poor grip

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Resident Vulnerabilities

- Visual deficits
- Inner ear conditions
- Functional impairments
- Cognitive impairments
- Other causes.....

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Post-fall actions include....

- Assess for injuries
- Provide all needed emergent and follow-up treatment
- What caused and/or contributed to the fall
 - Multi-factorial
- **Think of all reasonable theories of causation**
- Ask the patient, even if patient is confused or non-verbal – document the reply or lack of reply
- Ask the direct care staff their theories of causation

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- Fell down versus found down
- Name of person(s) who witnessed the fall.
- Name of person(s) who found the patient down.
- Location of the fall or found down site...
 - Sidewalk, lawn, carpeted bedroom, tiled floor

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Sample charting - clarify fell versus found down

- Mrs. J. Jones reportedly found on tiled bathroom floor at 2315 hours by direct care staff, R. Gilbert, J. Gentile.....
- Mrs. J. Jones reportedly fell at 2315 hours witnessed by direct care staff, R. Gilbert, J. Gentile...

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- Prevention of future falls
- Strategies tried
 - What was/was not helpful
- REVISE THE CARE PLAN
- TRAIN ALL STAFF ON THE NEW PLAN OF CARE

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EVEN CMS SAYS...

- A fall by a resident does not necessarily indicate a deficient practice
- Because
- NOT EVERY FALL CAN BE AVOIDED

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Alphabet of Injuries

- Warning: Many graphic slides
- All slides have a training value
- Not shown for graphic purposes

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Free Online Injury Course

- <http://www.une.edu/mainegec/online-courses>
Free course. Voice over PowerPoint with injury slides plus three video-taped assessment interviews in health care settings.
Approved for 2.0 University of New England CEU credits

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- Examples of Forensic Terminology and Injuries
- Medical Dictionary: **Forensic** means relating to or dealing with the application of scientific knowledge to legal problems (i.e., a *forensic* pathologist or *forensic* experts).
- <https://www.nlm.nih.gov/medlineplus/plusdictionary.html>
- <http://www.merriam-webster.com/medlineplus/forensic>

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Survey says....

- How many of you have never accidentally hurt yourself?
- Locations???
- Accidental versus intentional
 - Distal
 - Proximal (central, midline, hidden)

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Mechanism of Injury

- Mechanically – how could the injury have occurred???
- Think through the injury – try to mentally or physically recreate the mechanism
- Often times there can be a combination of mechanisms resulting in different types of injury

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Common mechanisms

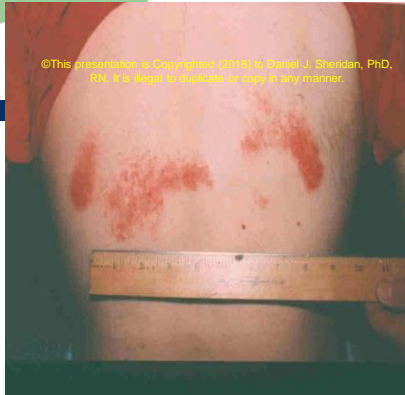
- Blunt force injury
 - Bruising, lacerations, fractures
- Crushing injury – same as above
- Sliding injury – abrasions, skin tears
- Sharp injury
 - Incisions, cuts, stab knife wound
- Penetrating injury
 - Knife wound
 - Puncture wound – stabbed with ice pick
 - Bullets – shrapnel

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Abrasion

- A wound caused by rubbing or scraping the skin or mucous membrane.

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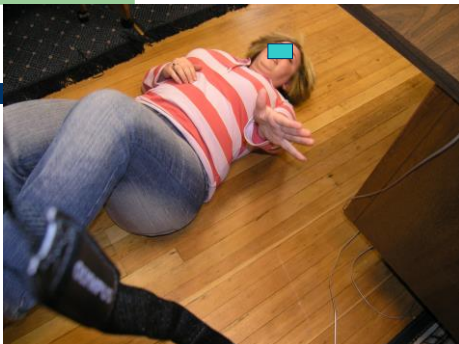
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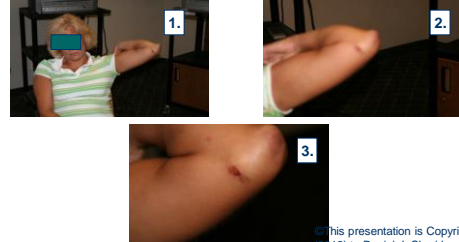


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Rule of Thirds



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Avulsion

- The tearing away of a structure or part. Often seen as a partial avulsion.

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MAY 21 2002
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Bruise

- Blunt force or squeezing force trauma that results in a superficial discoloration due to hemorrhage into the tissue from ruptured blood vessels from beneath the skin surface without the skin itself being broken:
- also called a contusion.

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Contusion

- A bruise:
- Traumatic injury of tissue without breakage of skin; blood accumulates in the surrounding tissue producing pain, swelling, tenderness, and discoloration.

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Never date a bruise

- See Langlois & Gresham, 1991
- See Nash & Sheridan, 2009
- See Hughes & Langlois, 2010
- Katherine Nash Scafide, 2011

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Cut

- See incision.

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Ecchymosis (singular) Ecchymoses (plural)

- A hemorrhagic spot or blotch, larger than petechia, in the skin or mucous membrane forming a non-elevated, rounded, or irregular blue or purplish purpuric patch.
- Ecchymosis is not injury from blunt force trauma. It is NOT a bruise or contusion.
- Ecchymosis is purpura usually in the skin or mucous membranes.

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Ecchymosis

- **Ecchymosis** in the elderly is often to the arms and/or hands.
- Blunt force trauma to the mid face often results in the development of bilateral periorbital **ecchymoses** (raccoon eyes).
- Discoloration from a **bruise** can be pulled by gravity downward. The downward discoloration is called **ecchymosis** while the discoloration at the point of blunt impact is called a **bruise**.

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Review All Medications

- While many medications may place a resident at risk to bruise or bleed, the following are among the more common:

- Aspirin
- Coumadin (warfarin)
- Heparin
- Plavix
- Valproic Acid
- Prednisone



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Review All Dietary Supplements

- Over 40 common, over-the-counter vitamins and supplements can place a patient at possible risk to bleed more easily or bleed longer, especially if the patient is already taking medication that is placing her or him at risk.
- The paid caregiver, family members, must be taught about medication-supplement interactions. Among the more commonly consumed at-risk supplements are
 - bilberry,
 - ginger,
 - garlic, and
 - ginkgo biloba.

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Medications

- There is NO MEDICATION that CAUSES a patient to bruise !!!!!

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Hematoma

- A localized collection of blood

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Hematoma

- **Hematoma:**
 - A localized collection of blood from a broken blood vessel (s).
- **Hematoma** is not a synonym for a *bruise* or a *contusion*.



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Hemorrhage

- The escape of blood from a ruptured vessel. It can be internal, external, or into the skin or other tissue.

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Incision

- An **Incision** = A cut.
- A **cut** that is deeper than it is wide is a **stab wound**
- A wound made by a sharp instrument or object (a sharp injury).
 - Scalpel, knife, razor, paper

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Laceration

- The act of tearing. A wound produced by the tearing of body tissue often from blunt impact that is distinguished from a cut or incision.
- They're messy and often contain "stuff."
- "Stuff" = trace evidence = charted as "debris" in your notes

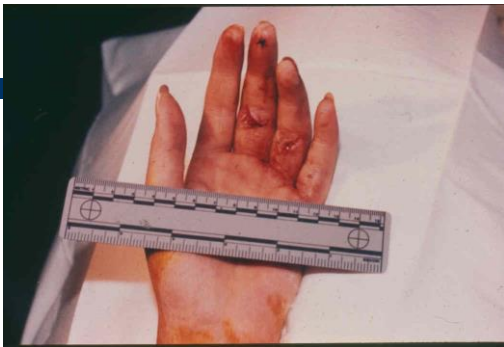
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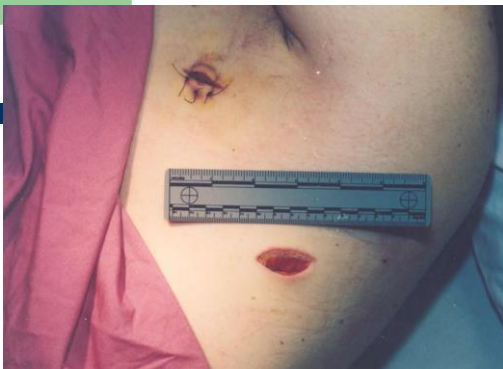
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Lesion

- Any pathological or traumatic discontinuity of tissue or loss of function of a part.
- Broad term, including sores, ulcers, tumors, or other tissue damage.

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Patterned Injury

- An injury where one is reasonably certain an object caused the injury, or certain which object caused the injury and/or by what mechanism an injury was caused.

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Coining

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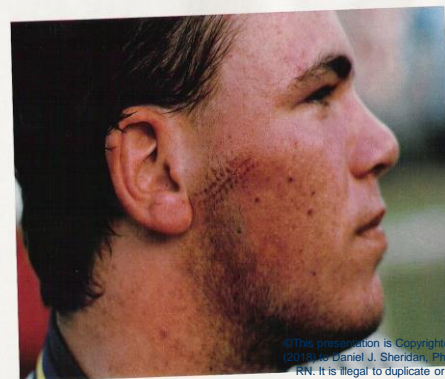
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Cupping

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Types of Strangulation

- Manual
 - Hands, arm headlock, leg scissor headlock, forearm, knee, foot (most common)
- Ligature
 - Any cord-like object wrapped around the neck
- Mechanical
 - Bedrails, electric powered equipment (patient beds), staircase rails

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Patterned Injury



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- Patterned burn-like imprint, reddish in color consistent with a cigarette lighter.

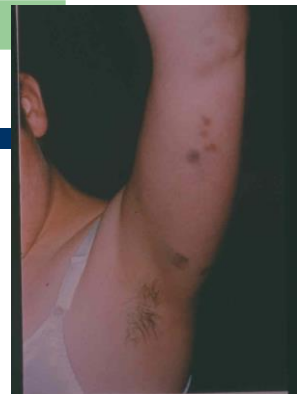
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Pattern of Injury

- Injuries in various stages of healing, including new and old scars, contusions, fractures, wounds.



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Central Clearing = Tramline Bruising

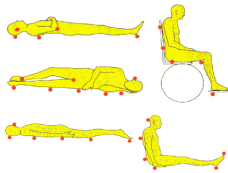
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• Pressure ulcers

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Locations of Pressure Ulcers



- Bony Prominence
- 95% on lower half of body
- Sacral area most common.

<http://www.health.nsw.gov.au/hospitalinfo/pressure.html>

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Take Home Points

- ALL Pressure ulcers are NOT preventable, but many are preventable.....
- ALL Pressure ulcers are NOT curable, but many are curable....
- HOWEVER....
- ALL PRESSURE ULCERS ARE TREATABLE !!!!!!!!!!!!!!!

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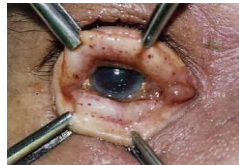
Petechia

- *Petechia* are minute, pin-point, non-raised, perfectly round, purplish-red purpuric spots caused by intradermal or sub-mucous hemorrhage, which later turn blue then yellow before fading away.

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Petechia

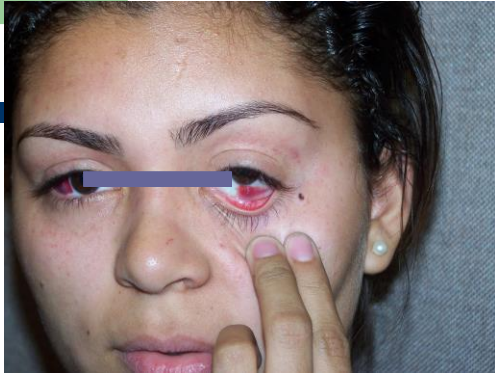
- Petechia are caused by the rupture of capillaries. When blood is not allowed to leave the head/face because of occlusion or compression of the jugular veins, capillaries will burst in and around the eyes and face.



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Puncture

- The act of piercing or penetrating with a pointed object or instrument.

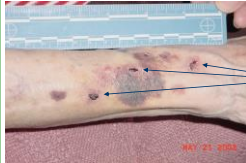
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Purpura

- *Purpura* is a *hemorrhagic* rash with leakage of blood into the tissue.
- Often associated with bleeding or clotting disorders. *Ecchymosis* and *petechia* are forms of *purpura*.

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Skin Tear



- Skin tear:
 - See Avulsion

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Trace Physical Evidence

- Often embedded in an injury or the clothes of the patient will be trace physical evidence. One needs to ask herself if the trace physical evidence in wound or clothing (either observed in-person or by history) supports or distracts from the reported history or theory of causation.

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Unexplained Injury

- It is relatively common, especially for institutionalized elderly to hear from caregivers that they have no idea how the patient received her/his injuries.
- All significant unexplained injuries to vulnerable patients should raise one's suspicions of possible abuse or neglect.

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Wound

- A bodily injury caused by physical means, with disruption of the normal structures
 - contused w. - one which skin is unbroken
 - incised w. - one caused by cutting instrument
 - lacerated w. - one in which tissues are torn
 - open w. - one having free outward opening
 - penetrating w. - one caused by a sharp, slender object that passes through the skin into tissue

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Written Documentation

- Hallmark of a thorough investigation of suspected abuse or neglect includes a review of notes in resident's records and internal investigative forms.
- Everybody - take a few seconds to think about the written **notes** before writing them.
- What is written or not written has forensic implications.

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Forensic Written Documentation

As verbatim as possible – paraphrase as needed

Do not sanitize or “medicalize”

Avoid pejorative documentation

- Do not use “client/patient refused,” “uncooperative,” or “non-compliant”
- Never use “Alleged,” especially in a medical record
- Never write – “client/patient claims she was....”
- Replace with “client/patient declined – said - reports”

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Documentation Pearls

- If you did not chart it.....
- You did not do it!!!!
- Avoid personal opinion
- Avoid charting arguments with co-workers
- Avoid derogatory remarks about client, family, or other providers
- Write legibly, legibly, legibly, legibly

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Avoid pejorative documentation

- Stop charting “refused”
- Stop charting “uncooperative”
- Stop charting “non-compliant”
- Stop charting “alleged” and “allegedly”
- Stop charting your feelings
- Stop charting your anger

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Visually Documenting Abuse or Neglect

- There are now two common methods of photographically recording injury and wounds from suspected abuse or neglect:
 - Digital cameras
 - Body maps

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Body Maps – see handouts

- Easily available (paper or electronic)
- Full body
 - Anterior view,
 - Posterior view
 - Lateral views
 - Close-ups
 - Face
 - Male & female genitalia
- Used regularly
- If paper – restock supply
- Stamped – labeled correctly
- Permanently entered into the medical record

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Body Maps – Pictorial Documentation

- Draw or circle area of injury or the lesion
- Insert line to the side and label
- If overlapping injury, draw in overlapping circles and label
- Include on the body map approximate size, color, shape of the injury or lesion
- With EMR's, use the mouse to “draw” the injury/lesion

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Forensic Photography

- Digital
- Frontal ID shot
- Rule of thirds
- Use different lighting
- Bracket your photographs
 - Patient Name
 - DOB
 - Name of Photographer
- Patient ID Number
- Date/Time of Photo
- Physical Location

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Procedure on Taking Photographs

Take pictures of injury(ies) using Rule of Thirds

From
6 feet
4 feet
2 feet

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Rule of Thirds



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Policy on Taking Photographs

- Photographs are NO DIFFERENT than
 - X-ray, other radiographs, computerized imaging or ultrasounds
- Photographs are a pictorial representation of a client/victim/patient assessment
- Medical documentation of injury or lesion

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Policy on Taking Photographs

- Obtain "Consent to Photograph"
 - Prudent even though non-physically invasive, could be "personally invasive"
- Suggestions on obtaining consent
 - With every new admission, include a form
 - Send a letter to guardian, family member, medical power of attorney...
 - Effective on such & such date, routinely medically photograph significant or suspicious injuries

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Policy on Taking Photographs

In letter or policy state purpose of the photographs

People accidentally hurt themselves throughout the lifecycle – recognize we all walk/bump into things, close doors on fingers and hands, jam fingers, stub toes, bang heads bending over to pick up things !!

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Policy on Taking Photographs

In letter or policy state purpose of the photographs

People pull muscles and the deep muscle tear can cause bleeding deep in a muscle that works its way to the skin surface days later and first appears looking like an "older bruise"

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Policy on Taking Photographs

In letter or policy state purpose of the photographs

While very rare, residents could be intentionally injured by another resident, a visitor or a staff person – despite reasonable efforts to maintain a violence-free facility

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Policy on Taking Photographs

In letter or policy state purpose of the photographs

State the photographs will be used for medical documentation of injury and to track wound healing over time

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Policy on Taking Photographs

Invest in a quality digital camera(s) –
Can get a good camera from \$250 to \$350
Minimum of 8 megapixels with zoom capabilities – I prefer camera with a Digital SLR lens where you look into the little eye piece and turn the lens to zoom in and out
VERSUS using the screen at the back of the camera

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Policy on Taking Photographs

Have enough cameras to cover the facility

Locked in an easily accessible location

No one has time to search for the camera, waste of valuable time

NEVER USE OR ALLOW PERSONAL CELL PHONE CAMERAS

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Policy on Taking Photographs

Daily or q shift inventory
Camera **ONLY** to be used for patient documentation
Not for baby showers, retirement parties, staff birthdays
Spare batteries

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Procedure on Taking Photographs

Go to a training on the use of the camera
Practice with the camera
Check outside of the patient's room that the battery is charged

Be sure there is a new "diskette" in camera

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Policy on Taking Photographs

What do you do with the images?

Involve Agency or Medical Records
Administrators
Paper records – secure file
Electronic records – secure folder

“Need to know” access

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Policy on Taking Photographs

Will you or can you electronically send jpg
images to the on-call nurse/medical
provider?

One photo can be huge (3 to 4 mb)

Lower (dummy down) the image quality setting
in the camera – or “compress” the image
prior to sending

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Policy on Taking Photographs

Require “Serial Photography” to demonstrate
wound healing over time.

No different than follow up x-rays post known
or suspected aspiration

Examples later in the training.

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• Serial Photography

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Forensic Photography

- Photograph the environment - measure the room/furniture/equipment
- Color slides/tape measures/stick-ums
- Use a scale - ruler/coin/pencil
- Match injury to object if possible

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Common Forensic Photographic Scales



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ABFO Standardized Rulers

- The right angle scale can be used in any image.
- The American Board of Forensic Odontologists (ABFO) has developed a standardized "right angle" ruler recommended for known or suspected bite injuries.



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Standard Rulers

- Lightning Powder Company
- www.redwop.com

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Labeling Photographic Images

- Whenever and by whomever pictures are taken in a facility, the photographs must be properly labeled.
- The following slides discuss the proper labeling of photographic images.

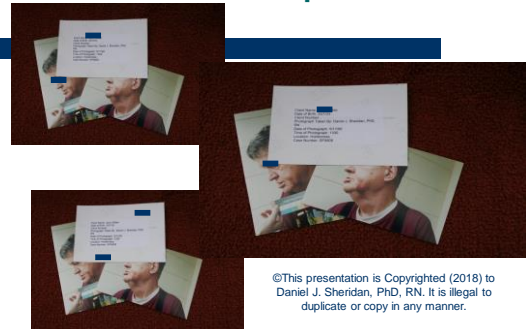
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Labeling Photographic Images

- One of the most effective ways to label print photographs is with 2" X 4" shipping gum labels available from any office supply store.
- The labels can be written by hand or typed and printed on a laser or ink jet printer.

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Labeled Photo Example



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Labeling Photographic Images

Label all pictures with:

- Patient/resident name
- Date of birth & ID number
- Facility name
- Date and time of photo
- Location of injury on the body
- Photographer's name
- Location
- Case number (if assigned)

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Photographic Documentation

- Medical photographs can be subpoenaed and presented in court as evidence if the case goes to trial.
- Patients should sign a "consent to photograph" form before health care providers take medical photographs.
- Use body maps as well as photographs to show accurate bruise coloring or unnoticeable tenderness that may not be visible in a photograph.
- High quality photographs are important as part of prudent documentation.

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Photographic Documentation

- The photograph is a true and accurate representation of what the health care professional examined and treated on the day of the exam.

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Collecting and Preserving Evidence

- The facility must have a protocol for evidence collection by facility staff that has been reviewed by local law enforcement, prosecutors, and the facility's legal counsel.
- In cases of abuse, facilities need to collect and preserve clothing that is bloodied or soiled. This includes bloodied or soiled bed sheets, clothes, and undergarments.

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Collecting and Preserving Evidence



- If the patient has debris (trace physical evidence) on her or his body, some of the material should be swabbed into a clean sealable cup before it is washed away, unless delaying the washing process places the resident at increased risk of infection.
- Swab debris into a clean cup, seal and place a patient gum label on the container, and document when and from where the debris was collected.

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Collecting and Preserving Evidence

- Use air permeable paper bags rather than plastic bags, esp. if there is moisture (blood, body fluids, water) on items.
- Moisture evaporates through paper and will minimize evidence-destroying mold and bacterial growth.



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Collecting and Preserving Evidence



- Trace physical evidence on the clothing and/or on the patient may fall off while getting undressed.
- Therefore, whenever possible, have the patient stand on two sheets while the patient is undressing.

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Collecting and Preserving Evidence

- To minimize cross-contamination, do not pile clothing items on top of each other.



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Collecting and Preserving Evidence



- If obvious blood or other trace physical evidence is found on the clothing, collect it.

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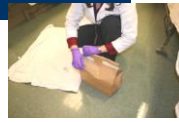
Collecting and Preserving Evidence



While wearing gloves, individually place each item of clothing into a paper bag.

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Collecting and Preserving Evidence



Fold the bag over. Secure with tape. Label with a patient ID sticker. Then sign with the date and time.

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Collecting and Preserving Evidence



All envelopes, no matter the size, used for any evidence collection need to be sealed and labeled in a similar fashion.

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Questions ?

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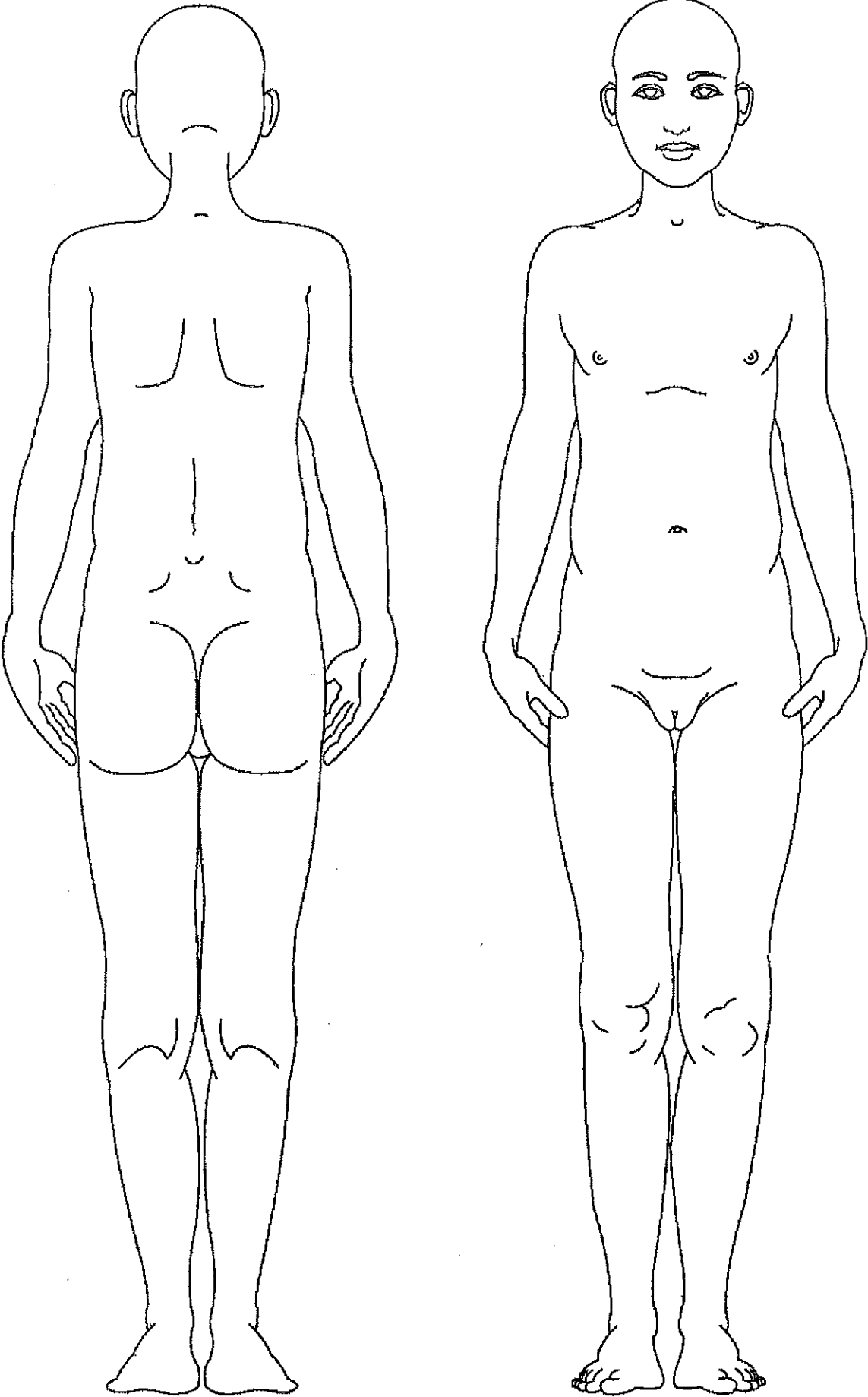
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STEP 2

BODY DIAGRAMS

Patient's Name

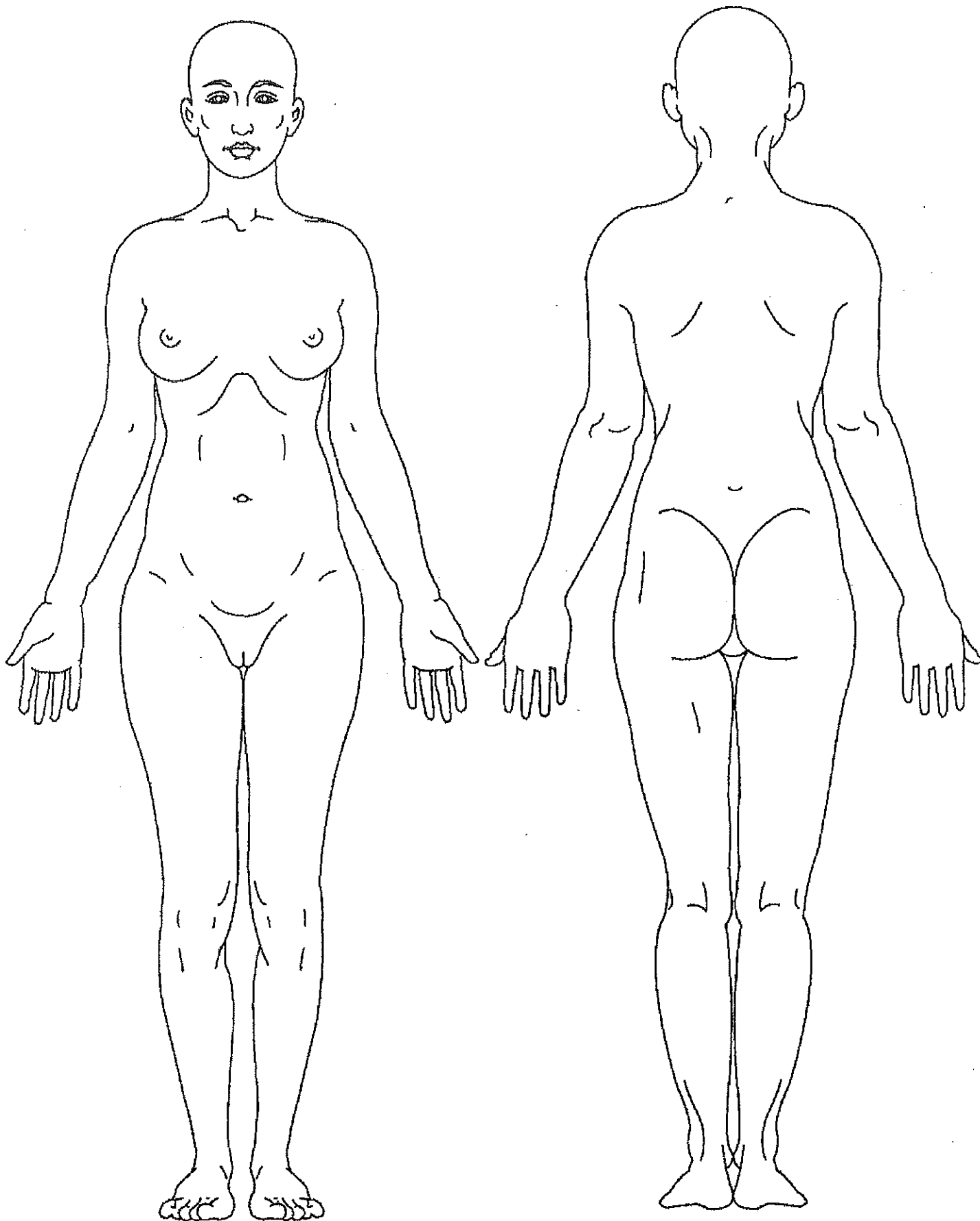


White—Medical Facility Yellow—Law Enforcement Representative Pink—Lab Copy

STEP 2

BODY DIAGRAMS

Patient's Name

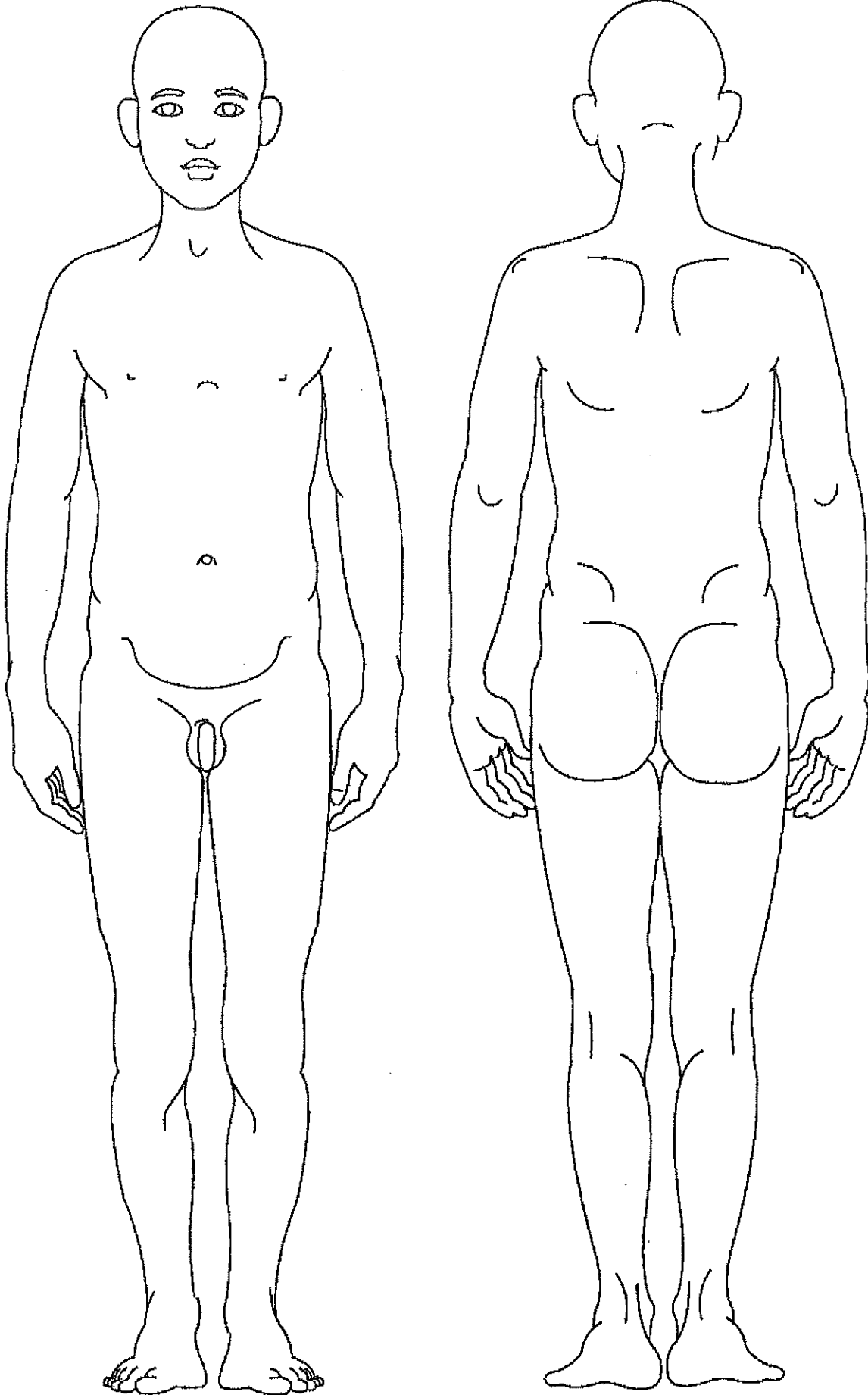


White—Medical Facility Yellow—Law Enforcement Representative Pink—Lab Copy

STEP 2

BODY DIAGRAMS

Patient's Name

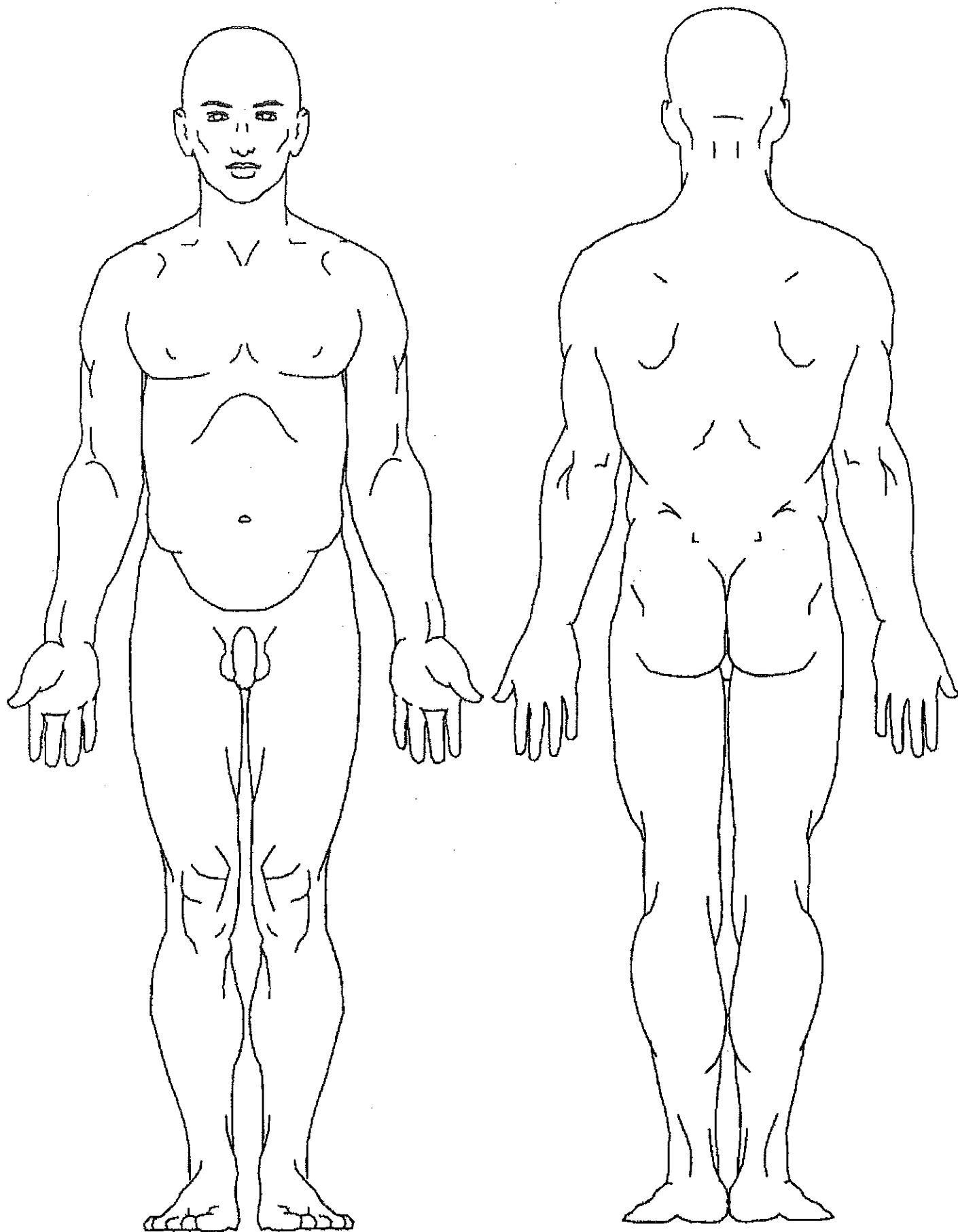


White—Medical Facility Yellow—Law Enforcement Representative Pink—Lab Copy

STEP 2

BODY DIAGRAMS

Patient's Name



White—Medical Facility Yellow—Law Enforcement Representative Pink—Lab Copy