

When Injuries Speak

Forensic Wound Identification & Documentation of Possible Abuse & Neglect

Daniel J. Sheridan, PhD, RN, FAAN
Professor, 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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

4N6 RN

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Abuse & Neglect in Nursing/Group Homes

Centers for Medicare & Medicaid Services regulations and guidelines about detection, investigation and prevention of abuse & neglect in nursing homes are found in Tags F223 through F226 of *Guidance To Surveyors – Long Term Care Facilities*.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Did the Facility Conduct a Competent and Thorough Investigation?

- Prior to the surveyor or investigator conducting a site visit, the facility has an **obligation** to conduct an internal investigation of known or suspected abuse or neglect.
- The following slides discuss the principles of competent/thorough investigations of abuse or neglect.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Was the Internal Investigation Competent

- A facility needs to demonstrate it conducted a competent internal review of unexplained injuries and/or suspected abuse or neglect and have written findings.
- As such, it has to provide to the surveyor sufficient documentation to support its findings or conclusions.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Timely Investigations

- All reasonable efforts need to be made to conduct a prompt investigation for the following reasons:
 - Memories of events can fade.
 - Evidence can get lost and/or destroyed
 - There can be collusion among staff to cover up the facts of an event
 - Perpetrators of abuse are more likely to “confess” if questioned within 24 hours of an event, than when questioned days later

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

From the Top Competent Investigations

- Were reasonable efforts need to do fact-based investigation. Aspects of competence include:
 - Asking non-leading, open ended questions of residents and staff starting with general issues then get more specific as the interview progresses.
 - Interview all reasonable witnesses or persons of interest
 - Using a standardized protocol to conduct and write up the interview, especially when interviewing cognitively impaired persons
- ©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Unbiased Investigations

- Were reasonable efforts made to conduct an investigation free of bias.
- Was there an actual or perceived conflict of interest?
 - Has there been a prior or is there a current relationship between the investigator and the people being interviewed.
 - Is the facility investigator related by blood or marriage, former or current friends, ex-lovers, trying to be a future lover.
- **Were all theories of causation thoroughly explored.**

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Physical and Sexual Abuse is a Crime

- If there is reasonable cause to suspect a resident has been assaulted, physically and/or sexually, the facility, in most states, must immediately call local law enforcement to report a crime.
- Being physically and/or sexually assaulted is a crime, even if the assault was from another resident.
- If a cognitively impaired resident assaults another resident, it is still a crime and must be reported to the police.
- Meet with local law enforcement – develop a protocol

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Protecting Residents from Residents

- Facilities have an obligation to protect residents from harm, even from other residents.
- Resident to resident abuse is quite common and has historically been viewed as a behavioral safety problem and not a criminal problem.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Duty to Protect

- Facilities who accept residents with documented histories of being physically and sexually violent, have a duty to protect its other residents and staff from known perpetrators.
- All reasonable efforts to encourage resident autonomy need to be balanced with the need to provide other residents a safe, abuse-free environment.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Falls Cause Most Injuries in Care Settings

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Resident Vulnerabilities

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

- 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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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...

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

EVEN CMS SAYS...

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Survey says....

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

- Alphabet of injuries.....

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

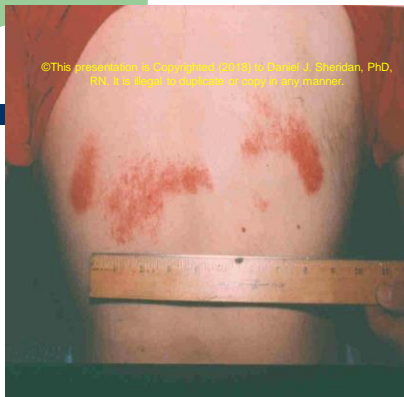
- Examples of Forensic Terminology and Injuries
- Medical Dictionary: **Forensic** means relating to or dealing with the application of scientific knowledge to legal problems (i.e., a *forensic* pathologist or *forensic* experts).
- <http://www.merriam-webster.com/medlineplus/forensic>

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Abrasion

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



Rule of Thirds



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Avulsion

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Bruise

- Blunt force 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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Contusion

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Never date a bruise

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Cut

- See incision.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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**.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Medications

- Platelet inhibitors

- | | | |
|--------------|----------|------------|
| - ReoPro | Aspirin | Plavix |
| - Agrylin | Pletal | Persantine |
| - Integrilin | Brilinta | Ticlid |
| - Aggrastat | | |

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Medications

- Anticoagulants – injectable

- | | | |
|-----------------|----------|----------|
| - Thrombate III | Acova | Aggiomax |
| - Fragmin | Iprivask | Aristra |
| - Heparin | | |

- Anticoagulants – oral

- | | | |
|-----------|---------|----------|
| - Pradexa | Xarelto | Coumadin |
|-----------|---------|----------|

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Medications

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Hematoma

- A localized collection of blood

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Hematoma

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



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Hemorrhage

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

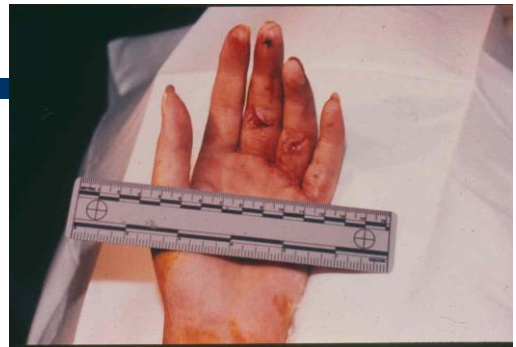
©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Coining

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



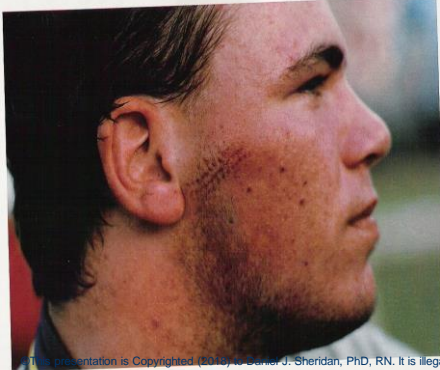
©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Cupping

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Pattern of Injury

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



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



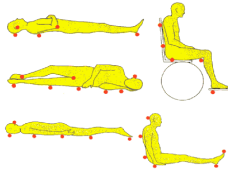
Central Clearing = Tramline Bruising

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

- Pressure ulcers

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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>

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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 !!!!!!!!!!!!!!!

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Petechia

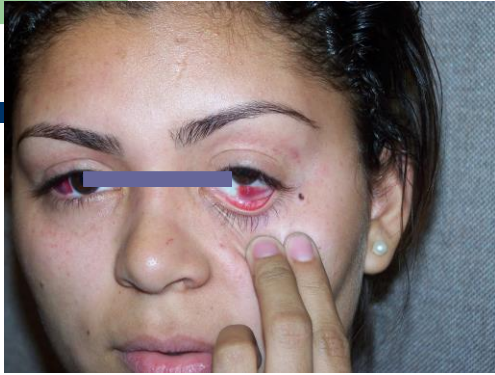
- Petechia are caused by the rupture of capillaries. When blood is not allowed to leave the head/face because of occlusion or compression of the jugular veins, capillaries will burst in and around the eyes and face.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Puncture

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

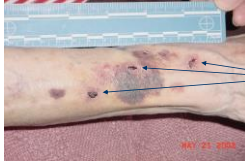
©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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*.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Skin Tear



- *Skin tear:*
– See *Avulsion*

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Forensic Written Documentation

As verbatim as possible – paraphrase as needed

Do not sanitize or “medicalize”

Avoid pejorative documentation

- Do not use “patient refused,” “uncooperative,” or “non-compliant”
- Do not use “Alleged”
- Never write – “patient claims she was....”
- Replace with “patient declined;” “patient said;” “patient states;” “patient reports”

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Forensic Photography

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

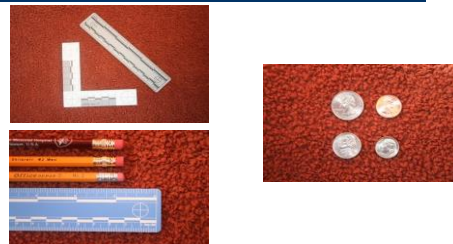
©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

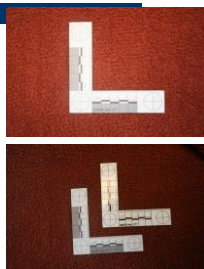
Common Forensic Photographic Scales



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

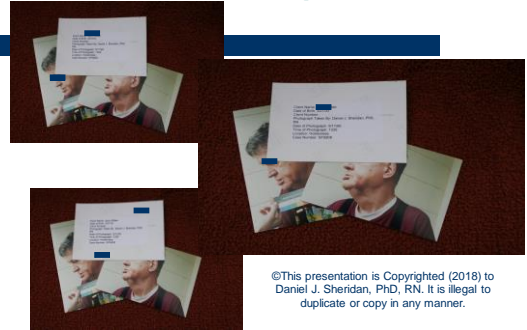
©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Labeled Photo Example



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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)

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Collecting and Preserving Evidence

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



©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

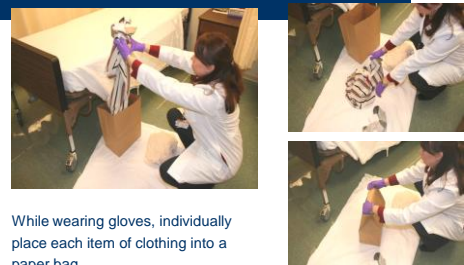
Collecting and Preserving Evidence



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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

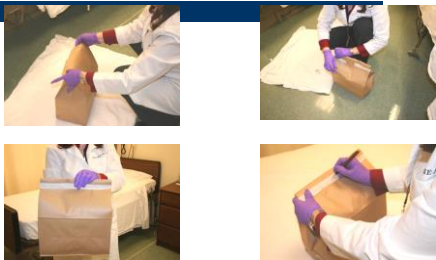
Collecting and Preserving Evidence



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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

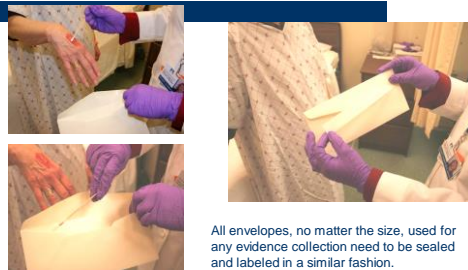
Collecting and Preserving Evidence



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

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

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.

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

Daniel J. Sheridan, PhD, RN, FAAN



• dsherd2@jhu.edu

Questions ?

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.

References

- Sheridan, D., & Mudd, S. (2012). Domestic violence assessments. In C. Jarvis (Ed.), *Physical examination and health assessment* (6th ed.). St. Louis, MO: Saunders.
- Sheridan, D., Nash, K. R.**, & Bresee, H. (2011). Intimate partner violence: Assessment, forensic documentation and safety planning. In L. E. Leditay, A. Burgess, & A. P. Giardino (Eds.), *Sexual abuse and assault: Adult victims*. St. Louis, MO: GW Medical.
- Sheridan, D., Nash, K. R.**, & Bresee, H. (2010). Forensic nursing in the emergency department. In P. K. Howard & R. A. Steinmann (Eds.), *Sheehy's emergency nursing: Principles and Practice* (6th ed., pp. 174-186). St. Louis, MO: Mosby-Elsevier.
- Sheridan, D., Nash, K. R.**, Poulos, C. A.**, Watt, S.**, & Fauerbach, L. (2009). Soft tissue and cutaneous injury patterns. In C. Mitchell & D. Anglin (Eds.), *Intimate partner violence: A health based perspective* (pp. 237-252). New York: Oxford University Press.
- Nash, K. R.**, Sheridan, D. (2009). Can one accurately date a bruise? *State of the science. Journal of Forensic Nursing*, 5, 31-37. doi: 10.1111/j.1939-3938.2009.01028.x
- Sheridan, D., Nash, K. R. (2007). Acute injury patterns of intimate partner violence victims. *Trauma, Violence, & Abuse*, 8(3), 281-289. doi: 10.1177/1524838007303504

©This presentation is Copyrighted (2018) to Daniel J. Sheridan, PhD, RN. It is illegal to duplicate or copy in any manner.