

Documentation

Please note: You may want to make additional copies of the next few pages before making any notations on them.

Medical Records

Thorough, well-documented medical records can provide concrete evidence of violence and abuse, and may be crucial to the outcome of a legal case. If the medical record and trial testimony are in conflict, the medical record may be considered more credible.

Records should be kept in a precise, professional manner and should include the following:

- _____ Date and time of arrival.
- _____ Name, address and phone number of the patient and anyone accompanying her.
- _____ Victim's relationship to the abuser.
- _____ Major complaint and description of the abusive event, using the patient's own words. "My husband hit me with a bat" is better than "Patient has been abused."
- _____ A detailed description of old and new injuries, including type, number, size, location, possible causes and explanations given. Where applicable, the location and nature of the injuries should be recorded on a body chart or drawing. (See charts, Page 38.)
- _____ Your opinion of whether the injuries were adequately explained.
- _____ Documentation that you asked the patient about domestic violence and notation of her response.
- _____ If a weapon was involved, what was it?
- _____ Results of all pertinent laboratory and other diagnostic procedures.
- _____ Color photographs and imaging studies, if applicable.
- _____ If the police are called, documentation of the investigating officer's name, badge and phone numbers and any actions taken.
- _____ Your name and the name of any other medical professional involved in treating the patient.
- _____ Discharge plan and plan for follow-up care.

The police must be notified of injuries by BOTH a phone call and written report.

If the patient does not admit to domestic violence:

- Document that screening was conducted and that the patient did not disclose abuse.
- If you suspect abuse, document your reasons for concern: i.e. "Patient presents with indications of abuse."

The Use of Photography

No aspect of documentation in the medical record has moved as rapidly as the one involving photo-documentation as an adjunct to the written word. Injuries, whether self-inflicted, intentional at the hands of others, accidental or occupational in nature take on a dimension and scope all their own, often giving life to the verbal or nonverbal history obtained by the physician. Instant photography, by Polaroid® or digital camera, have all but become the standard of care in documenting injuries caused by domestic violence and abuse. Both require relatively limited knowledge about photography on the part of the user and produce instant results that can be redone immediately if necessary. It is important to understand, however, that photographs do not replace the written word.

Some caveats that you should understand prior to employing photography as a form of documentation are as follows:

- You should explain to the patient why you would like to take photographs, how you will do it and what they will be used for, as being photographed can be embarrassing and humiliating to the patient.
- A signed consent to photograph is required, unless it is a case of suspected child maltreatment.
- The photographs become a permanent part of the patient's medical record.
- Instant photographs (Polaroid® or digital) will require a minimum of two printed hard copies. One to remain in the medical record, one to be given to or subpoenaed by the criminal justice system.
- It is recommended that a copy be made for the patient if he or she has a safe place to store it, and, if not, that he or she be reminded she can obtain copies of his or her record whenever necessary.
- Digital photos should be burned onto a non-rewriteable CD-ROM and stored in the medical record whenever possible to prevent alterations.
- If the patient has extensive injury, such as bruising, it is recommended that repeat photographs be taken in 24 to 48 hours as bruises evolve over time.

It is important that the photographs result in pictures that accurately depict the injury you are seeing with the naked eye. Some suggestions on how to photograph injuries include the following:

- Use color film.
- Photograph the injury with and without a standard (ruler, ABFO #2, etc.).
- Make sure the standard is in focus in the photograph.
- When possible, take pictures prior to medical treatment.

- Avoid bright backgrounds.
- Keep the film plane parallel to the plane of the patient's body surface being photographed.
- Include the patient's face in at least one photograph (usually full-length or long-range photo).
- Take mid-range and close-up photographs when possible.

Photographs need to be individually labeled so that the examiner, as well as any subsequent provider can identify the patient, the injury and when the injury occurred. The following is a list of recommendations regarding how to minimally label individual photographs:

- Patient's name
- Date and time photo was taken
- Medical record number
- Photographer's name and title
- Anatomic location of injury

Written documentation of all injuries, whether or not photography is employed, should minimally include the following:

- Anatomic location of injury
- Type/description of injury (abrasion, tear, bruise, etc.)
- Size of injury
- Color of injury

Admission of Records in Court

For medical records to be admissible in court, you should be prepared to testify that the records were:

- Made during the "regular course of business" at the time of examination or interview
- Made in accordance with routinely followed procedures
- Properly stored with access provided to professional staff only

Note: Before any record is released, laws requiring patient consent must be followed. This includes obtaining proper consent from the patient when necessary.

Consent to Photograph

The undersigned hereby authorizes (name of agency) _____
and the attending provider to photograph or permit other people employed by this
facility to photograph (name of patient) _____
while under the care of this facility and agrees that the negatives, prints or CD-ROM
be stored in the patient's medical record, sealed in a separate envelope, in the event they
may be needed later for evidence. These photographs will only be released to the police
or prosecutor when the undersigned gives permission to release the medical records.
The undersigned does not authorize any other use to be made of these photographs.

Date: _____

Patient's signature: _____

Witness: _____

Patient's parent/guardian of minor: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Assessment Guidelines for Victims of Violence

This assessment sheet is for providing accurate documentation of physical abuse.

A. Patient's statement about cause of injury _____

B. Detailed description of assault

1. Detail and chronology _____

2. Pain and symptoms _____

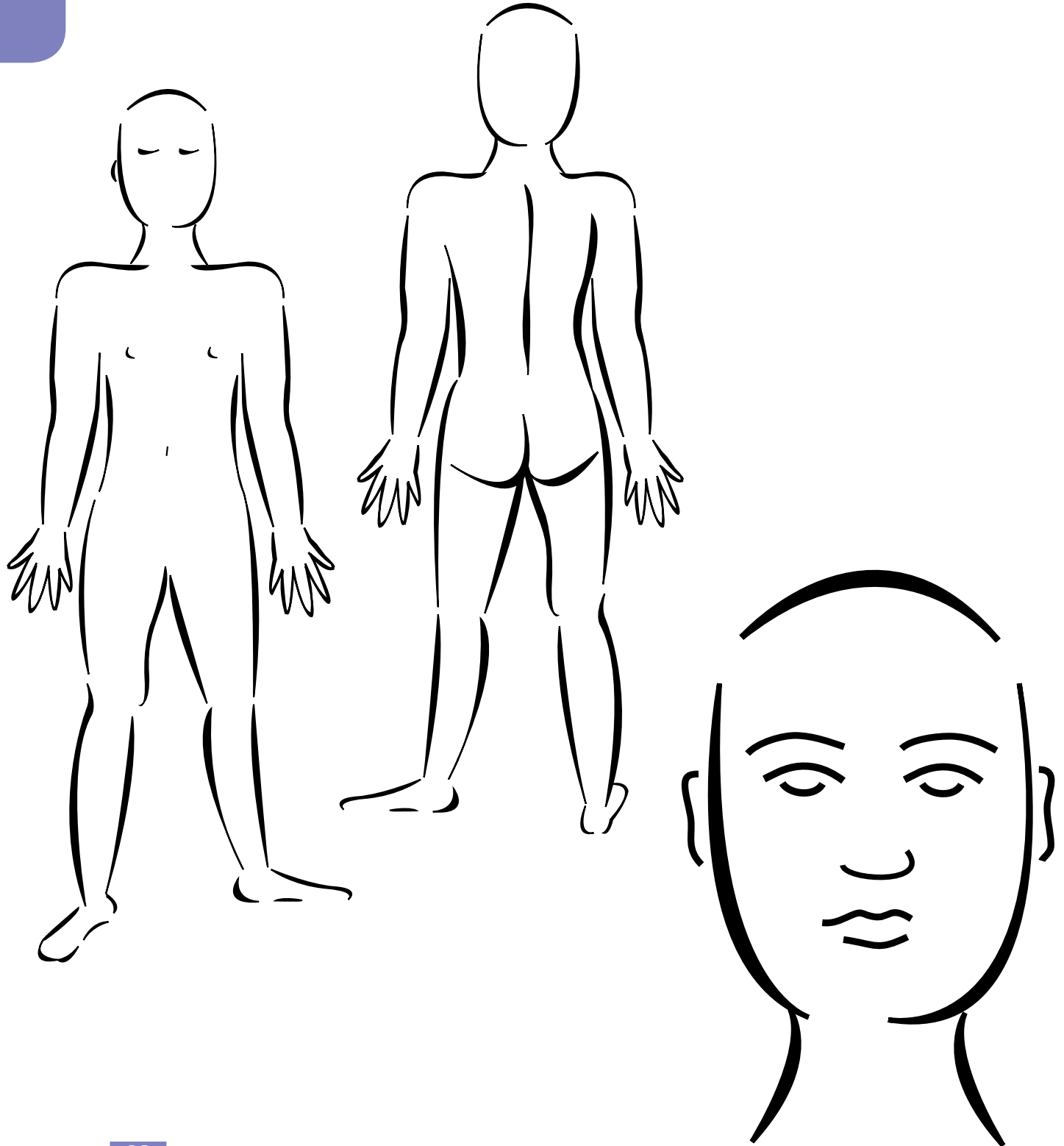
C. Check physical findings:

	Contusions	Abrasions	Lacerations	Bleeding	Fracture	Loss of Function	Painful Areas
Head							
Ears							
Cheeks							
Mouth							
Neck							
Shoulders							
Arms							
Hands							
Chest							
Back							
Abdomen							
Genitalia							
Buttocks							
Legs							
Feet							
Other (define)							

D. Describe presence of trauma, indicate location, appearance and size. Indicate possible source (teeth, cigarette burns, etc.)

Injury Map

The diagram below can be used as a tool to note location of injuries on the victim.



Assessment Guidelines for Safety

Assess Patient Safety

Does the patient feel safe going home?	Yes No
Is there a gun in the home?	Yes No
Is the abuser there now?	Yes No
Is the patient suicidal?	Yes No
Is the patient homicidal?	Yes No
Is the abuser suicidal?	Yes No
Is the abuser homicidal?	Yes No
Is the violence increasing in severity or frequency?	Yes No
Is the abuser also abusing the children?	Yes No
Are the children safe now?	Yes No
Does the abusive partner abuse alcohol or drugs?	Yes No
Is the patient being stalked?	Yes No

Review of Options/Referrals

Safety plan discussed?	Yes No
DV crisis center advocate in to see patient?	Yes No
Social work referral?	Yes No
DV crisis center hotline given? (see the Resource Guide)	Yes No
Shelter information given?	Yes No
Follow-up appointment made?	Yes No
Translator available?	Yes No
Translator utilized?	Yes No
What language?	
Translator non-family member or friend?	Yes No
Reporting	
Law enforcement notified? City/town_____	Yes No
Patient requested protective order?	Yes No
Patient received protective order?	Yes No
Adult protective services notified? (if mandated by law)	Yes No
Child protective services notified? (if mandated by law)	Yes No
Photographs (see Page 34)	
Photograph consent obtained?	Yes No
Photographs taken?	Yes No
Evidence	
Evidence collected?	Yes No
Chain of custody maintained?	Yes No

Safety Plan

*Note: Discuss this plan with patient, but **do not** let her take it home if it is unsafe for her to do so.*

Step 1: Safety during a violent incident. I can use some or all of the following strategies:

If I decide to leave my home, I will go to _____.

I can tell _____ (neighbors) about the violence and request they call the police if they hear suspicious noises coming from my house.

I can teach my children how to call the police.

I will use _____ as my code word so someone can call for help.

I can keep my purse/car keys ready at _____ (place), in order to leave quickly.

I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

Step 2: Safety when preparing to leave. I can use some or all of the following safety strategies:

I can contact the local domestic violence and abuse program for help with safety planning.

The number is _____.

I will keep copies of important documents, spare keys, clothes and money at _____.

I will open my own savings account by (date) _____, to increase my independence.

Other things I can do to increase my independence include:

_____.

I can keep change for my phone calls on me at all times. I understand that if I use my telephone credit card, the telephone bill will show my partner those numbers that I called after I left.

I will check with _____ (family, friends) to see who would be able to let me stay with them or lend me some money.

If I plan to leave, I won't tell my abuser in advance face-to-face, but I will leave a note or call from a safe place.

Step 3: Safety in my own residence. Safety measures I can use include:

I can change the locks on my doors and windows as soon as possible.

I can replace wooden doors with steel or metal doors.

I can install additional locks, window bars, poles to wedge against doors, and electronic systems, etc.

I can install motion sensor lights outside.

I will teach my children how to make a collect call to _____ if my partner takes them away.

I will tell people who take care of my children that my partner is not permitted to pick up my children.

I can inform _____ (neighbor) that my partner no longer resides with me and they should call the police if he is observed near my residence.

Step 4: Safety with a protection order.

The following are steps that help the enforcement of my protection order:

- I will carry a certified copy with me and keep a photocopy in a safe place.
- I will give my protection order to police departments in the community where I work and live.
- I can get my protection order to specify and describe all guns my partner may own and authorize a search for removal.

Discharge Instructions

If you are currently being abused...

As you read this, you may be feeling confused, frightened, sad, angry or ashamed. You are not alone! Unfortunately, what happened to you is very common. Domestic violence and abuse does not go away on its own. It tends to get worse and more frequent with time. There are people who can help you. If you want to begin talking about the problem, need a safe place to stay, or want legal advice – call one of the resources given to you today.

While still at the clinic/hospital...

- Think about whether it is safe to return home. If not, call one of the resources given to you today, or stay with a friend or relative.
- Battering is a crime and you have the right to legal intervention. You should consider calling the police for assistance. You may also obtain a court order prohibiting your partner from contacting you in any way (including in person or by phone). Ask your doctor for information on your local domestic violence and abuse program and the number of their crisis line. You may also contact an attorney for more information.
- Ask the doctor or nurse to take photos of your injuries to become part of your medical record.

When you get home...

- Develop an “exit plan” in advance for you and your children. Know exactly where you could go even in the middle of the night – and how to get there.
- Pack an “overnight bag” in case you have to leave home in a hurry. Either hide it yourself or give it to a friend to keep for you.
- Pack toilet articles, medications, an extra set of keys to the house and car, an extra set of clothing for you and your children, and a toy for each child. Keep in a safe place.
- Have extra cash, loose change for phone calls, checkbook, or savings account book hidden or with a friend.
- Pack important papers and financial records (the originals or copies), such as social security cards, birth certificates, green cards, passports, work authorization and any other immigration documents, voter registration cards, medical cards and records, driver’s license, rent receipts, title to the car and proof of insurance, etc. Keep in a safe place.

Dial 800-799-SAFE to speak to a crisis counselor or locate a shelter near you.