

Novel Approaches to Detecting EM in Emergency



Medical Settings: Part 2

Developing the Geriatric Injury Documentation Tool (Geri-IDT)

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Disclosures

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- Investigators retained full independence in the conduct of this research.

Background

- Older adults with physical evidence of injuries or wounds:
 - Present at all clinical health settings
 - Linking injuries to abuse may occur over time
 - Lost/limited “paper trail” impedes justice
- Tools to aid documentation are key:
 - Intimate partner violence
 - Child abuse



No practical tool currently exists for older adults



Purpose

To develop a tool to assist clinicians in appropriately and completely documenting injuries and wounds in older adults for potential future forensic investigation of abuse or neglect



✓ Expert perspective



Methods

- Phase 1: Key informant interviews
 - Telephone-based, semi-structured research protocol
 - Various fields, across the U.S.
- Phase 2: End-user focus groups
 - In-person, semi-structured research protocol
 - 2 sites: 1) Los Angeles, primary care; 2) New York, emergency medicine
- Analysis:
 - Transcripts analyzed with a grounded theory approach

Results: Phase 1, interviews (n=11)

- Qualitative Themes:

1. Current documentation practices

- Consensus around inadequate documentation for future forensic investigation

2. The documentation guide

- Key elements; pertinent negatives; head-to-toe; ALL injuries; initial appearance

3. Practical challenges

- Busy clinical setting; parallel/additional processes; EMR integration

Results: Phase 1, focus groups (n=18)

- Qualitative Themes:
 1. Tool edits
 - Formatting; content
 2. Utility
 - Perceived high utility; photography
 3. Multidisciplinary collaboration
 - Mixed views
 4. Practical challenges
 - Patient volume; EMR is critical



Geriatric Injury Documentation Tool

GERIATRIC-INJURY DOCUMENTATION TOOL

TO DOCUMENT INJURY-RELATED PHYSICAL FINDINGS FOR GERIATRIC PATIENTS

This tool will assist with documentation when an older person has an injury. When one injury is noted, a head-to-toe exam to look for other injuries is warranted. Photograph physical findings if possible. In a case of suspected sexual abuse, follow the appropriate protocols.

For each injury, document:

- Reported mechanism of injury(ies)
- How did it happen/how did the injury(ies) occur?
- Was there pain at the time of the injury(ies) and is there pain now?
- Who is reporting the history? Who else is present while report is given?
- Tenderness to palpation and how it is expressed (e.g. verbal, grimacing, moaning, withdrawal, etc.)
- Precise Location
- Size

Document the following characteristics:

INJURY	CHARACTERISTICS TO DOCUMENT
Abrasion	shape, bleeding, cleanliness, dressings, presence of foreign particles
Bite mark	depth, cleanliness, signs of infection
Bruise	shape, color(s), size, swelling, pattern, induration
Burn	burn degree(s), signs of infection, total body surface area
Deformity	bone(s) fractured, whether open or comminuted, healing status, joint(s) dislocated
Laceration	depth, bleeding, cleanliness, linearity/jaggedness, presence of foreign particles, signs of infection
<u>Petechia</u>	location, size, color
Skin Tear	bleeding, dressings, presence of foreign particles, signs of infection
Swelling	size

Document initial physical appearance (including hygiene) on presentation and indications of alcohol or substance abuse.

PRESSURE/WOUND	CHARACTERISTICS TO DOCUMENT
Pressure sore/injury	depth/stage ¹ , size, odor, exudate, evidence of wound care, dressing, signs of infection

¹National Pressure Ulcer Advisory Panel stages of pressure injury (2016):

- Stage I Non-blanchable erythema of intact skin
- Stage II Partial-thickness skin loss with exposed dermis
- Stage III Full-thickness skin loss
- Stage IV Full-thickness skin and tissue loss
- Unstageable: Obscured full-thickness skin and tissue loss such as eschar
- Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration

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Geriatric—Injury Documentation Tool (Geri-IDT)

Brief instructions: head-to-toe, photography, usual protocol for sexual abuse

Key contextual info./questions: mechanism, story and by whom, history, pain/tenderness, location of injury, size of injury

Common types of injuries and key characteristics to indicate in the medical record

Physical appearance, substance abuse, or alcohol

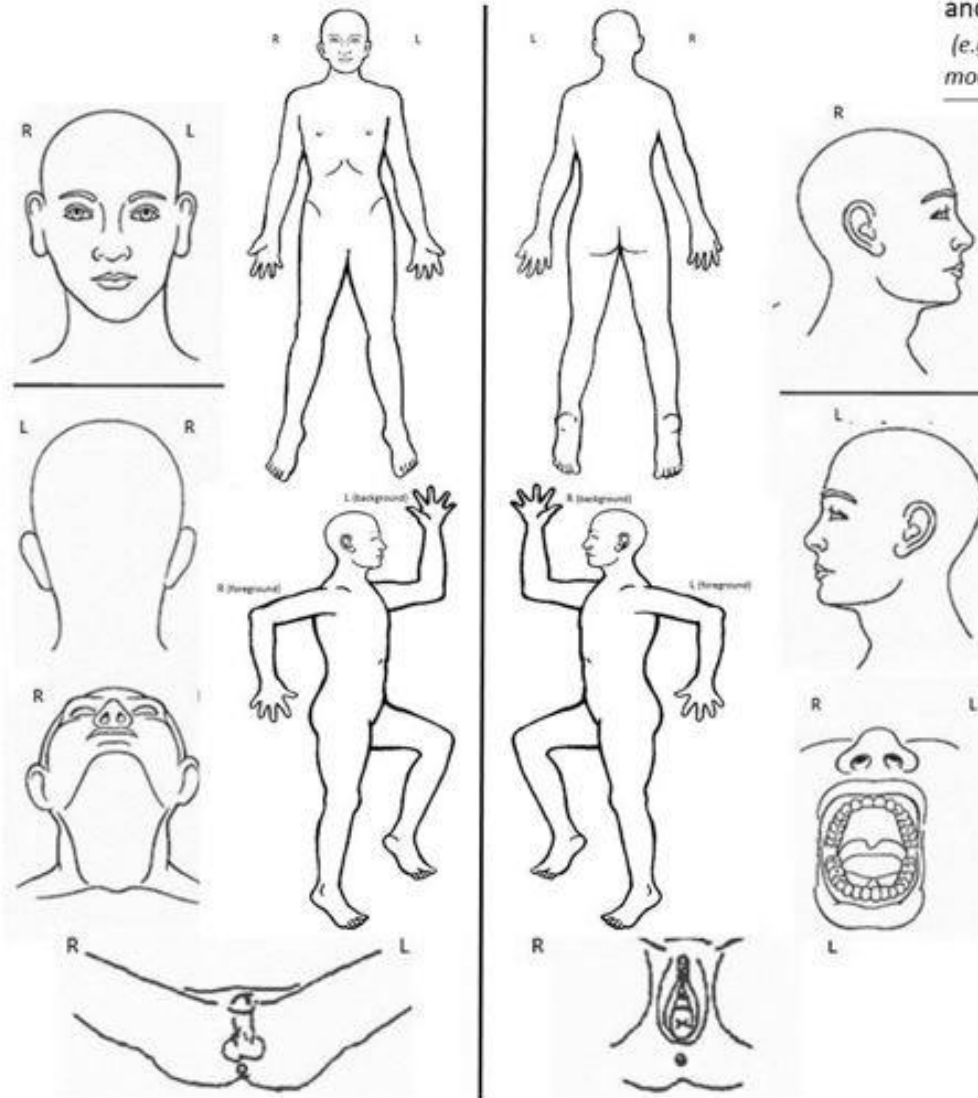
Pressure sores/wounds



Conduct a complete head-to-toe physical examination and describe in detail all physical findings on the patient, even those that you do not consider clinically significant or related to their presenting complaint. Please note all areas where **pain or tenderness** is present, even if there is no visible evidence of injury.

Please number each finding indicated on the body diagram and describe the physical characteristics:

(e.g. 1=5cm jagged laceration, with redness and swelling, soiled dressing, moderate odor)



Finding 1:

Finding 2:

Finding 3:

Finding 4:

Finding 5:

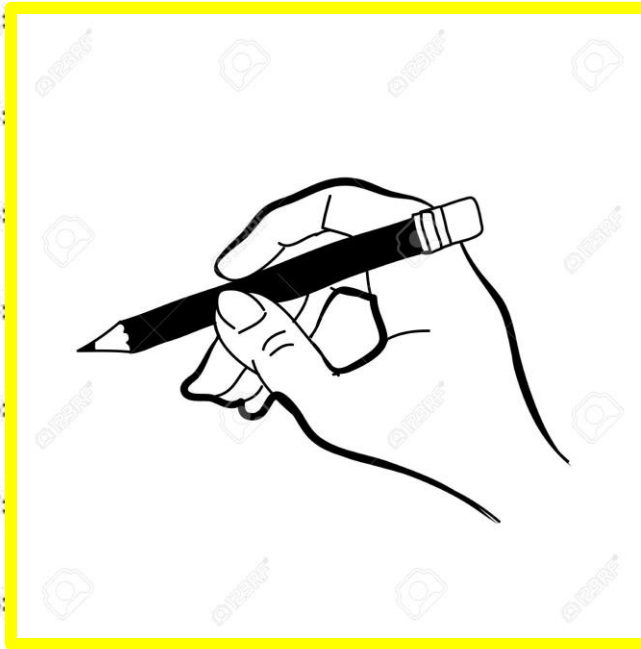
Finding 6:

Finding 7:

Finding 8:

Finding 9:

Finding 10:



Patient's Name: _____
MRN: _____ DOB: ____/____/____

Clinician's name (print): _____
Signature: _____ Date: ____/____/____

Implications

- ✓ Utilizing a tool for documentation can be helpful in any circumstance, whether related to abuse or not.
- ✓ Good documentation is as important for avoiding unwarranted accusations as it is for identification of abuse.
- ✓ Integrating the tool into routine clinical care for older adults and systems (EMR) is key.



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Key Informants



<https://eldermistreatment.usc.edu/current-projects/geri-idt/>

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