

# Abuse and Neglect – Clinical Protocol

## Assessment and Recognition

1. The nurse will assess the individual and document related findings. Assessment data will include:
  - a. Injury assessment (bleeding, bruising deformity, swelling etc.)
  - b. All current medications, especially anticoagulants, NSAIDs, salicylate
  - c. Other platelet inhibitors
  - d. Vital signs
  - e. Behavior over last 24 hours (bruise could be related to movement disorder or aggressive behavior)
  - f. History of any tendency towards bruising
  - g. All active diagnoses
  - h. Any recent labs
2. The nurse will report findings to the physician. As part of the initial assessment, identify individuals who may have a history of being abused or neglected, or those who might have been abused or neglected; for example, individuals admitted from home or the hospital with multiple pressure ulcers and severe under-nutrition.
  - a. “Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.”
  - b. “Neglect” means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
3. As needed, the physician will evaluate the resident or have them sent for evaluation; for example, to rule out sexual assault or fracture, or to assess the location and potential causes of bruises.

## Cause Identification

1. The staff, with the physician’s input (as needed), will investigate alleged occurrences of abuse and neglect to clarify what happened and identify possible causes.
2. The Attending Physician and/or Medical Director will be informed when medical issues arise; for example, assessing whether a medical condition or medication side effect could account for new bruises, identifying possible explanations for a fracture, or assessing cognition of an individual who alleges they were assaulted.
3. The Attending Physician will provide adequate documentation to clarify significant negative outcomes that have resulted from a resident’s underlying medical illnesses or conditions, despite appropriate care.

## Treatment/ Management

1. The facility management and staff will institute measures to address the needs of residents and minimize the possibility of abuse and neglect.
2. The management and staff, with the support of the physicians, will address situations of suspected or identified abuse and report them in a timely manner to appropriate agencies, consistent with applicable laws and regulations.
3. The physician will order measures required to address the consequences of an abuse situation, such as psychological evaluation or suturing of a laceration.
4. The physician and staff will address causes of problematic resident behavior where possible, such as mania, psychosis, and medication side effects.

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## **Monitoring and Follow-Up**

1. Facility staff will monitor individuals who have been abused at least until their medical condition, mood, and function have stabilized, and periodically thereafter.
2. The Medical Director will advise facility management and staff through the Quality Assurance process about systems to ensure that basic medical, functional, and psychosocial needs are being met and that potentially preventable or treatable conditions affecting function and quality of life are addressed appropriately.
3. The Medical Director will advise the facility and help review and address abuse and neglect issues as part of the quality assurance process.