

Protocol 4-9

SECTION: Adult Trauma Patient Care

PROTOCOL TITLE: General – Neglect or Abuse Suspected

REVISED: 05/2016

SUSPECTED ABUSE/NEGLECT

OVERVIEW:

Child and elder abuse, which includes sexual abuse, physical abuse, and neglect is often overlooked and under-reported. It is the ethical and legal responsibility to notify the receiving hospital of suspicions of child and elder abuse. It may prevent serious injury and death. Proof of abuse is not needed to make the report to hospital, CPS, APS, or social services. Patterns of abuse can reflect any form of physical and/ or mental trauma but are usually characterized by unexplained or poorly explained injuries of different ages and delay in seeking medical care. There are often no external signs of injuries. The provider should note vague medical symptoms such as repeated vomiting, abdominal pain, and distention in an elderly person with other evidence of abuse. Also be observant of decubitus ulcers, unsanitary conditions, skin conditions and the general nourishment of the elder. Observation, transport, and reporting are the key responsibilities of the pre-hospital provider.

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none"> • Time of injury • Mechanism: blunt vs penetrating • Loss of consciousness • Bleeding • Past medical history • Medications • Evidence of multi-system trauma 	<ul style="list-style-type: none"> • Pain, swelling, bruising, bleeding • Altered mental status, unconsciousness • Respiratory distress, failure • Dehydration • Fractures • Decubitus • Major traumatic mechanism of injury 	<ul style="list-style-type: none"> • Skull fracture • Brain injury (concussion, contusion, hemorrhage, or laceration) • Epidural hematoma • Subdural hematoma • Subarachnoid hemorrhage • Spinal injury

	EMR	EMT	A	I	P
1. Perform general patient management.	•	•	•	•	•
2. Support life-threatening problems; C-spine precautions.	•	•	•	•	•
3. Administer oxygen, to maintain SPO ₂ 94-99% Support respirations as necessary with a BVM.	•	•	•	•	•
4. Observe and record objectively the surroundings and conditions of the scene and patient.	•	•	•	•	•
5. Refer to the appropriate <i>Medical or Trauma Patient Care protocol</i> for obvious injuries / illnesses.	•	•	•	•	•
6. UNDER VIRGINIA LAW, EMS PROVIDERS ARE MANDATORY REPORTERS OF SUSPECTED ELDER AND CHILD ABUSE. a. For children, notify the Emergency Department <u>attending</u> physician and Child Protective Services, if needed.	•	•	•	•	•

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Continued

SUSPECTED ABUSE/NEGLECT

b. For adults, Adult Protective Services, or Social Services as appropriate

7. Transport as soon as possible.

**APS Hotline: 888-83-ADULT (888-832-3858)
CPS Hotline: 800-552-7096, 804-786-8536**