

Elderly Patients

Assessment of the Elderly Patient

- After menopause estrogen levels drop and menstruation ceases. Anatomical changes taking place at this time include:
 - *thinning of hair over the mons pubis and labia majora;*
 - *a decrease in subcutaneous fatty tissue;*
 - *the inner surfaces of the labia minora become pale and dry;*
 - *the vaginal orifice may become smaller (very small speculums may need to be used);*
 - *the vaginal orifice may gape and rectoceles, cystoceles or frank uterine prolapses may be seen;*
 - *the vaginal walls become smooth, thin, shiny and less elastic;*
 - *less mucus is produced.*

Assessment of the Elderly Patient

- These changes increase the risk of injury during sexual assault for elderly patients
- Injuries may be more prominent in the genital area versus non genital area

Jones, 2003

Assessment of the Elderly Patient

- Hymen is less estrogenized and smaller in size, atrophic structure
- Decreased activity from Bartholin's and Skene's Gland
- Thinning of pubic hair, less course
- Less subcutaneous dermal layer
- More significant injuries with exaggerated healing times



Jones, 2003

Assessment of the Elderly Patient

- Speculum size may need to be decreased to pediatric speculum
- Blood vessels are easier to rupture therefore increased bruising may be found, thinning of skin
- Increase in skin and mucous membrane injury
- Less skin retraction over clitoral hood

Assessment of the Elderly Patient

- Medications may effect clotting/bleeding factors
- Increased bleeding, mucous membrane injury due to anatomical changes
- More uncomfortable examinations, use smaller speculums
- May alter examination numerous times to accommodate elderly patient

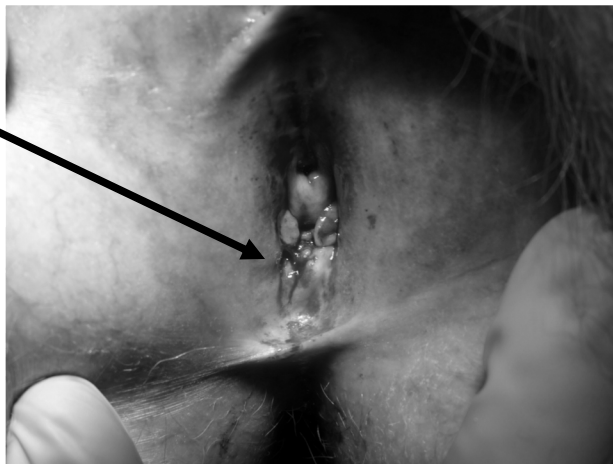
Forensic Consideration

- Vaginal vault may be too small/fragile to perform vaginoscopy (speculum) exam
- Consider only collected swabs on the hymen rather than full speculum exam
- If this is done = document in extreme detail the exact location that swabs were collected

Forensic Consideration

- Example documentation for swab only:
- Vaginoscopy unable to be performed due to
Specimen collected from the distal vaginal vault and surrounding hymenal tissue from 5 o'clock to 9 o'clock

Assessment of the Elderly Patient



Assessment of the Elderly Patient



Mandated Reporting – APS/ODH

- **Mandatory Reporting Under Section 2151.421 Ohio Revised Code**
- Every day nurses are entrusted with caring for the elderly, children, and other vulnerable members of society. Because of that unique position, with respect to children and disabled young adults, Ohio's legislature has enacted a mandatory reporting statute, Ohio Revised Code (ORC) 2151. 421, that requires that nurses (among a list of others in similar positions) to immediately report suspected child abuse and/or neglect. The statute requires nurses to report suspected abuse and take a "safe rather than sorry" approach.

Mandated Reporting – APS/ODH

- **APS = 60 years or older and NOT a resident of a skilled nursing facility**
- **ODH = ANY patient of ANY age that is a resident of a skilled nursing facility**

Mandated Reporting – APS/ODH

- Verbal phone notification done at facility at time of exam
- Same as minor patients = you should wait until the conclusion of the forensic exam to contact the agency so you can provide pertinent details about your exam findings
- Document on the Payroll/Demographic sheet the name of person you spoke with, date and time

APS, CPS, ODH
Reporting information
written here

*include the county's agency
(Butler Co CPS)

*include the Name of
person you spoke to (or left
a message)

*include the date/time of
call



(PATIENT ID STICKER HERE)

EXAM INFORMATION:

Location of Exam (Hospital): _____ SANE RN: _____
 Date / Time of Page: _____ Arrival Time: _____ Comment: _____
 MD Report to: _____ RN Report to: _____ Advocates: # _____ Bedside / Waiting Rm / None
DFSA Indicated?: Yes / No **DFSA collected?:** Yes / NA / Declined
 Name of personnel forensic chart given to at hospital: _____

PATIENT INFORMATION:

Patient Name: _____ DOB: _____ Gender: M / F / T Guardian Present: Y / N
 Patient Phone #: _____ Patient Address: _____
 SSN: _____
 Hospital Acct Number: _____ Inmate: Y / N Location: _____
 Jane Doe ID: _____ Nursing Home: Y / N Location: _____

REPORTED PERPETRATOR INFORMATION:

Relationship to patient: **CIRCLE ONE** Acquaintance / Partner / Student / Caregiver / Family / Parent-Guardian / Unknown
 Estimated Age: _____ Gender: M / F / Transgender / Unknown Other: _____

ASSAULT INFORMATION: (dispatch can assist with appropriate law enforcement jurisdiction)

Date of Assault: ___/___/___ Time of Assault: ___:___ AM or PM
 Location / Address of Assault: _____

LE Agency for kit jurisdiction: _____ At Bedside: Y / N
 Crime reported TO: _____ Time: _____
 Kit Location Reported to: _____ Time: _____
CPS/APS/ODH (include agency and name of personnel)
 Agency: _____ Name: _____ Time: _____
For UC exams:
 Did social worker perform mandate reporting? (circle one) Yes / No
 Name of SW: _____

Summary

- Anatomical structures of the elderly population may increase likelihood of injury prevalence
- Exam may need to be modified to accommodate patient needs
- Vaginoscopy may be unable to occur
- Swabs are still obtained if vaginoscopy is deferred

Summary

- ODH reporting = any skilled nursing facility
- APS = 60 years of age or older and NOT a resident of a skilled nursing facility
- When in doubt perform both
- Document agency, name of person, date, time on payroll/demographic form

