

E14 The Proper Identification of Acute Injuries Through Follow-Up Appointments

Katie Swift, MSN*, Adventist HealthCare Shady Grove Medical Center, Rockville, MD 20850; Jessica Volz, DNP*, Adventist Healthcare Shady Grove Medical Center, Rockville, MD 20850

Learning Overview: The goals of this presentation are to: (1) identify common medical mimics found in the adult sexual assault population; (2) understand how to individualize follow-up recommendations; (3) recognize opportunities for clinical practice change related to re-examination; and (4) describe the role of re-examination in reducing the likelihood of misinterpretation of findings and development of forensic opinion.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by empowering the clinical forensic examiner with the knowledge to correctly identify and assess injury, recognize the importance of re-examination of injury, and the role of re-examination in the development of accurate forensic opinions.

Forensic nurse examiners can be apt to experiencing difficulties in accurately identifying and interpreting acute injuries in the adult sexual assault patient. It is known these challenges exist due to mimics caused by natural variants, previous physical trauma, and disease processes.^{1,2} It has been noted that misidentification of injury can in fact occur in adult sexual assault medical forensic exams.³ However, when coupled with medical and assault history, re-examination of non-specific injury is more likely to lead to accurate interpretation of findings.⁴

A literature review on the topic revealed only five useful articles between the years of 2009 and 2020 highlighting the importance of increasing interest in research and programmatic application of this practice among clinical professionals. Mimics can pose significant challenges in interpretation and implication of findings.⁵ Improper identification of injury can negatively impact development of accurate forensic opinions.⁶ Though mostly found in the pediatric literature, it is well known that misinterpretation of findings can lead to misdiagnosis, missed treatment opportunities, and potentiate inaccurate legal testimony.⁷ It is commonplace for other disciplines of medicine and nursing recognize the importance of follow-up care. Emerging best practices suggest that injuries and disease recognized during a sexual assault medical forensic examination are no different.⁸ Despite this, usually due to lack of resources, some sexual assault forensic programs do not routinely re-examine injuries.⁹ Through re-examination and serial photography, the forensic nurse examiner gains the benefit of observing the healing process and adds depth to their opinion by dispelling or verifying potential alternate causes.¹⁰

This presentation will focus on three categories of injury including ano-genital, oral, and cutaneous types. Through case examples, the benefit of re-examination in determining acuteness and relatedness of injury to a reported assault will be demonstrated. Aside from re-examination, the contributory components found to be influential in interpretation of findings include past medical history, assault history, time elapsed since assault, location and type of injury, anticipated healing pattern, and consideration of other potential mimics. In conclusion, practice implications include improved approach and management of potential injury and interpretation of injury.

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Injury, Re-Examination, Accuracy