Paint Me a Word Picture

Injury Documentation That Stands the Test of Time

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Learning Objectives

1

Define Forensic Nursing's Role

Understand how forensic assessment differs from routine clinical wound description in both clinical and legal contexts.

2

Identify & Describe Injury Types

Accurately characterize blunt vs. sharp force wounds, bruises, and abrasions using standardized forensic terminology.

3

Demonstrate Objective Documentation

Document wounds with size, location, color, shape, and mechanism to support clinical and evidentiary needs.

4

Apply to Legal Contexts

Translate clinical records into defensible documentation that supports expert testimony and criminal justice outcomes.

Will Your Documentation Paint a Clear Clinical Picture 4+ Years From Now?

Forensic Nursing in Emergency Care

Recognize

Injuries with medicolegal significance

Assess

Objective, detailed examination of every finding

Document

Findings that may be used in legal proceedings

Preserve

Potential evidence when applicable

This Applies To:

- Trauma patients of all types
- Found down / unknown mechanism
- IPV (reported or not)
- Suspicious or inconsistent injuries
- Non-accidental trauma

You do **not** need to be a SANE nurse to practice forensic nursing. It's a **lens you apply** to every assessment.

Forensic vs. Routine Documentation

All emergency nurses perform **forensic documentation**—whether they realize it or not.

Routine Clinical Documentation	Forensic Documentation
Focus: Patient care	Focus: Care **+ legal implications**
Summary descriptions acceptable	**Detailed, specific descriptions required**
May include clinical interpretation	**Strictly objective — no assumptions**
"Good enough for care"	**Must stand alone years later**
Variable level of detail	**Reproducible and defensible**

Objectivity

No assumptions — ever

Specificity

Paint the picture with words

Reproducibility

Another clinician sees the same thing

> What happens when you don't remember the patient — but your documentation remains?

Your Chart Becomes Your Testimony

"Bruising noted to right forearm. Patient assaulted."

- Could you testify to this confidently?
- What's missing from this picture?

Your Words May Be:

- Read aloud in a courtroom
- Scrutinized by attorneys years later
- Used to support — or weaken — a case

Documentation = **clinical care + legal evidence**. Treat every chart accordingly.

The Foundation of Defensible Documentation

SOAP Structure

S – Subjective

Use **direct quotes**.
✅ *"He hit me with a closed fist"* — not ❌ "patient states she was assaulted."

O – Objective

Where documentation becomes **evidence**. No interpretation — only what you observe.

A – Assessment

Clinical interpretation only. Avoid any legal conclusions.

P – Plan

Include evidence collection, referrals, and reporting actions taken.

TEARS Framework + Descriptors

T – Tears
Lacerations, fissures

E – Ecchymosis
Bruising

A – Abrasions
Skin surface injuries

R – Redness
Erythema

S – Swelling
Edema, induration

Always add: location, size (L×W×D), shape/pattern, color, surrounding tissue, and patient response.

Injury Terminology Quick Reference

Injury Type	Mechanism / Cause	Key Characteristics	Clinical Notes
Bruise	Blunt force impact	Unbroken skin with discoloration ranging from reddish-purple to yellow-green due to blood leaking from vessels into surrounding tissue	Often used interchangeably with contusion, but less precise
Contusion	Blunt force impact	Bleeding into tissue with possible redness, swelling, and discoloration	More clinically precise term
Ecchymosis	Trauma, blunt impact, or idiopathic	Purplish hemorrhagic area under the skin; may be regular or irregular in shape	Often larger, more diffuse area of discoloration
Hematoma	Blunt force impact	Localized, confined collection (mass) of blood	May be palpable or raised; indicates more significant bleeding

Critical Distinction Sharp vs. Blunt Force Injuries:
Incision (sharp force): Clean, well-defined edges
Laceration (blunt force): Irregular, jagged edges (tissue tearing)

Injury Descriptors

Appearance

- Include color, depth, length, width
- Surrounding condition of nearby skin
  - e.g. swelling, bruising
- Document drainage
- Appearance:
  - Smooth / jagged / irregular
  - Well-defined edges
  - Attached / unattached
  - Rolled edges
  - Any directionality
  - Physical evidence present
    - e.g. grass, gravel

Color

- Be as specific as possible
- Do not attempt to ‘stage’ bruising

Location

- Anterior / posterior
- Proximal / distal
- Medial / lateral
- Inferior / superior
- Above / below
- Measure distance from anatomical landmark

Size

- Use scale
  - Size of a penny
  - Quarter-sized
  - Baseball sized
- Measure in cm / mm
  - Width
  - Length (with the wound closed, if possible)
  - Depth (at the deepest point)

Injury Descriptors

Shape

- Round
- Oval
- Elliptical (“eye”)
- Linear
- Triangular
- Stellate (“star”)
- Irregular
- Crescentic (“horseshoe”)
- Square
- Rectangular
- Patterned Injury
  - Caused by object

Associated Findings

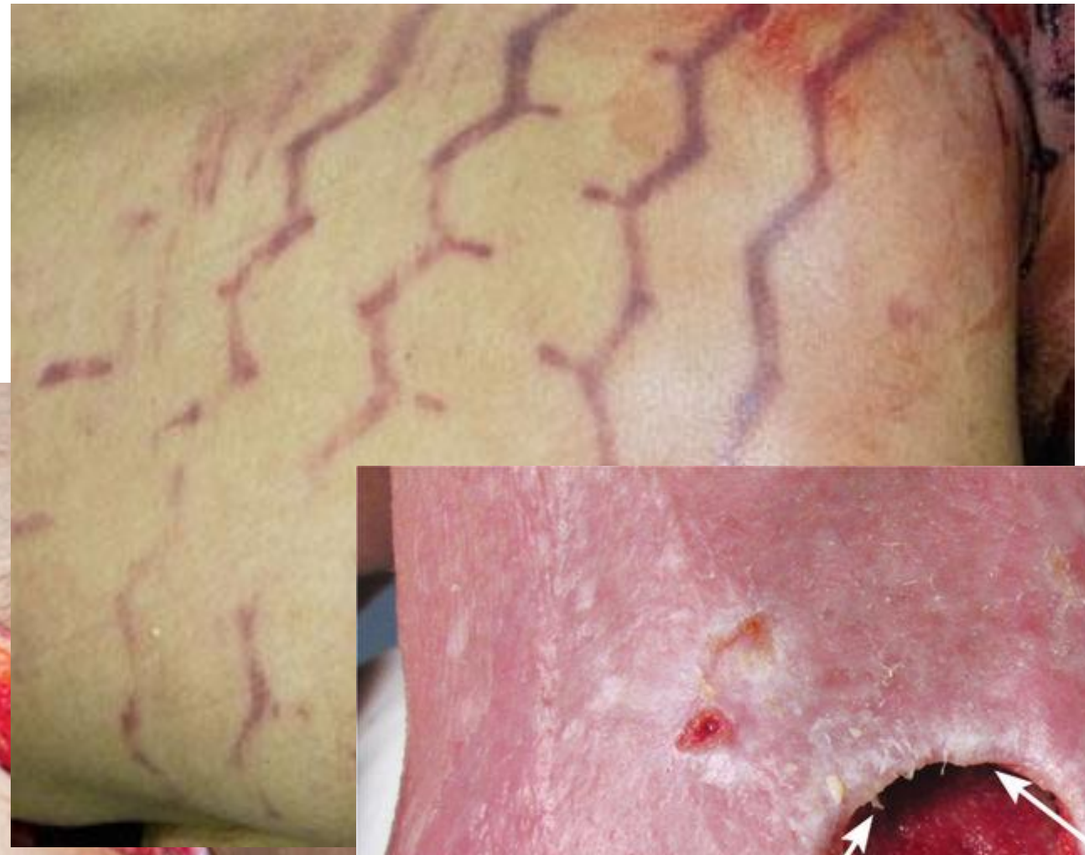
- Tender to palpation?
  - Use appropriate pain scale
- Crepitus
- Deformity

Patient Narrative, if Applicable

- Deliberate self-harm?
- Avoid personal opinions
- Avoid derogatory remarks about patient
- Use terms “reported” or “stated” rather than “alleged”
  - “I was stabbed with…”
  - “She hit me with…”
  - “He bit my….”

https://www.researchgate.net/figure/Stellate-entrance-region_fig1_385266336

https://www.jaypeedigital.com/eReader/chapter/9789351522119/ch11



https://www.jaypeedigital.com/eReader/cha

https://plasticsurgerykey.com/wound-debridement/

Documentation in Action

❌ Weak Documentation

> "Bruise on L upper arm"

Vague, unlocalized, no size or color — cannot support clinical or legal needs.

✅ Strong Documentation

> "4 cm × 3 cm irregular purple-blue ecchymosis on left lateral upper arm, approximately 6 cm proximal to the elbow, tender to palpation, with mild surrounding erythema and edema"

Specific. Objective. Reproducible. **Defensible.**

Apply SOAP + TEARS to every wound — your words should create a picture clear enough that any clinician or attorney can visualize exactly what you saw.

Photographic Documentation & Trauma-Informed Care

Key Photographic Practices

1 **Obtain & Document Consent**

Always document that consent was obtained prior to photographing.

2 **Use a Measurement Scale**

Place a forensic or standard scale in the same plane as the injury.

3 **Capture (at least) Three Distances**

Far → Mid → Close-up for complete context.
Depending on protocol *– start and end photos with patient name band.*

Trauma-Informed Considerations

→ Explain the **purpose** of photographs before beginning

→ Offer the patient **control** — they may pause or stop at any time

→ **Maintain dignity** and privacy throughout the process

Photographic Sequence: The Three-Distance Rule

1. Far — Orientation Shot

Shows **where on the body** the injury is located. Include clear anatomical landmarks. Anyone should identify location at a glance.

2. Mid-Range — Context Shot

Closer view of the injury still including **at least one anatomical landmark** for orientation and added detail.

3. Close-Up — Detail Shot

Focuses on the **injury itself**. Capture with *and* without a measurement scale in the same plane.

Photography in Action

Ideal Sequence

- Identification
- Overall of the patient
- Regional
- Detailed
- Detailed with measurement
- Identification

Additional Photographic Tips

https://assets.bobitstudios.com/image/upload/f_auto,q_auto,dpr_auto,c_fill,g_auto,w_600,h_450/pm.Image-5-web-1_1759375836470_h3ywn9.jpg

Measurement Scale Tips

- Use a **forensic scale** (e.g., ABFO) when available
- If unavailable, use a coin or ruler as a reference
- Place scale **in the same plane** as the injury — not above or below

Camera Position Matters

- Hold camera **perpendicular (straight on)** to the injury surface
- Avoid angles that **distort size or shape**
- Consistent positioning makes images reproducible and defensible

What If the Patient Refuses Photos?

Respect patient autonomy — **no photos without consent**, full stop. Refusal makes detailed written documentation even more critical.

Detailed Description

Apply TEARS + full anatomical descriptors for every wound.

Diagrams & Body Maps

Mark injury locations, sizes, and patterns on anatomical diagrams.

Direct Quotes & Behavior

Document patient statements verbatim and observed behavioral responses.

> "If you don't have photos, your words have to work harder."

When Documentation Falls Short

The Scenario

Patient arrives intoxicated after a "fall."

> "Bruising & abrasions noted to forearm, patient discharged in stable condition."

That's the entire injury documentation.

What If This Case Becomes:

→ A **homicide investigation** six months later?

→ The patient **discloses assault** after leaving the ED?

→ The only record — with **no photos, no measurements, no quotes?**

Gaps in documentation cannot be filled retroactively. Document thoroughly **every time**.

https://stock.adobe.com/search?k=skin+abrasion

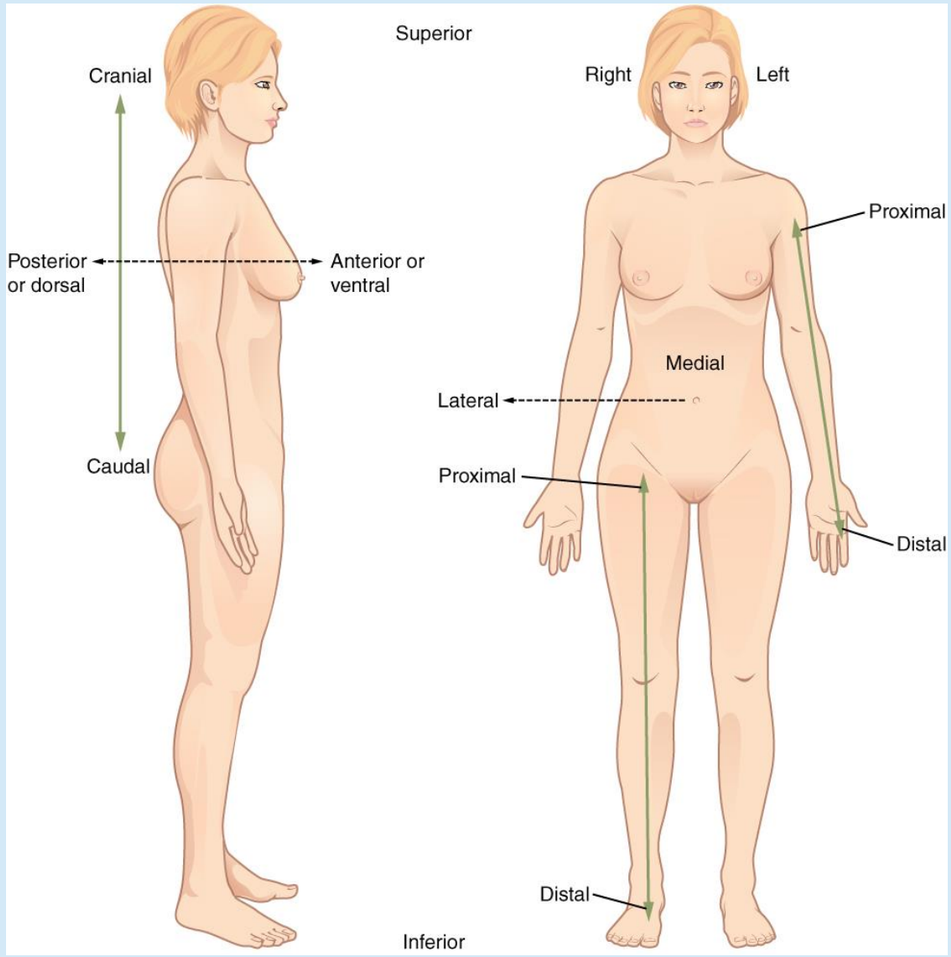
https://histology.siu.edu/intro/ecchymosis.htm

International Emergency Nursing
Volume 70, September 2023, 101347

Documentation of wounds in emergency departments through a forensic lens

Celia J. Filmalter [a], Tanita Botha [b], Tanya Heyns [a]

"Nurses more frequently documented the type of wounds than the mechanism of injuries. Limited information regarding the size of the wound, blood loss and mechanism of injury were found. Nurses neglected to document the shape, condition of surrounding skin and contents of the wound. We suggest that nurses undergo continuous professional development on the documentation of wounds in EDs."



https://pressbooks.library.torontomu.ca/ippa/chapter/anatomical-locations/

Practice

Apply what you've learned — get out some paper!

https://med.stanford.edu/newborns/professional-education/photo-gallery/eyes/_jcr_content/main/panel_builder/panel_0/panel_builder/panel_0/tabs/tab_main_panel_builder_panel_0_panel_builder_panel_0_tabs_5/image.img.620.high.jpg/subconj-hem1.jpg

Case #1

“Deep red, sub conjunctival hemorrhage noted to right medial sclera that extends from 1 o’clock to 6 o’clock in relation to iris”

Case #2

“Ovular pink & red ecchymosis with opposing arch pattern and central sparing noted to right mid lateral calf, approximately 2 inches above the ankle. Ecchymosis is noted to be 5cm in height x 5cm in length, consistent with human bite mark as reported by mother.”

Length is from anatomical head to toe, width is side to side.

https://media.springernature.com/full/springer-static/image/art%3A10.1007%2Fs12024-015-9671-y/MediaObjects/12024_2015_9671_Fig10_HTML.jpg

https://media.springernature.com/lw685/springer-static/image/chp%3A10.1007%2F978-3-319-45337-8_2/MediaObjects/340430_1_En_2_Fig6_HTML.gif

Case #3

“Deep purple irregular ecchymosis noted to left middle anthelix & concha of the ear, approximately the size of a penny.”
and
“Deep purple & red irregular ecchymosis to left mid posterior auricle that extends along the to the posterior upper ear lobe.”

Case #4

“Multiple red/purple linear horizontal patterned contusion noted to right upper cheek these marks depict more pronounced delineation along the upper and lower contused area, there is sparing between each delineated line; this injury extends from just above the eyebrow to below the zygomatic bone.”

https://media.springernature.com/lw685/springer-static/image/chp%3A10.1007%2F978-3-319-45337-8_2/MediaObjects/340430_1_En_2_Fig7_HTML.gif

https://diamondcelebrities.org/2015/11/25/mum-jailed-after-whipping-son-for-not-finishing-homework-photos/

Case #5

“Multiple, extensive contusions and abrasions concerning for cord loop injury noted to back that are deep reddish purple. These extend from bilateral trapezius muscles to iliac crest border and are varied in direction and show no obvious pattern.”

Medical Care vs. Forensic Evidence Collection

Medical Care — Always First

- Stabilize life-threatening conditions
- Manage pain and distress
- Address all immediate clinical needs

Medical care can **impact evidence** — document interventions that may alter wound appearance (IV sites, dressings, cleaning).

Forensic Evidence Collection — *When the Patient is Stable*

- Requires **informed consent** prior to any collection***
- Photographs of injuries
- Swabs and biological specimens
- Clothing or debris collection

Treat the patient first — **document in a way that preserves the story.**

Behavioral Documentation

Behavior is clinical data.
It must be documented objectively — not interpreted.

❌ Subjective / Interpretive

> "Patient appeared anxious and scared."

These are conclusions — not observations.
They introduce bias and are not defensible.

✅ Objective Documentation

> "Patient observed pacing room, avoids eye contact, startles when staff enters, withdraws arm during exam."

Specific behaviors. No assumptions about emotional state. **Defensible in court.**

Behavioral observations can provide important context for injury patterns and trauma response — but only when documented without interpretation.

Reverse Forensic Exam: Documenting the Suspected Offender

Apply the Same Principles

01

Same SOAP Structure

Subjective, objective, assessment, plan — no shortcuts.

02

Same TEARS Approach

Document all injury types w/ full descriptors.

03

Same Objectivity

You are documenting findings — not determining guilt.

Common Defensive Injury Locations

Hands & Forearms

Blocking injuries, impact marks

Face

Scratch marks, abrasions

Swelling Patterns

Knuckle swelling, linear abrasions

Your role: document findings that may **later establish context** in a legal proceeding.

https://www.nhs.uk/conditions/broken-nose/

https://www.forensicmed.co.uk/wounds/bitemarks/

Alleged Assailant

Brought in by PD

- Follow up next day for reverse forensic exam
- Victim statement reviewed
- MSE by provider
- Narrative statement, photos of injuries, hair combing, and swabs to bite mark collected

What if you can't collect physical evidence?

Documentation in the Legal Arena

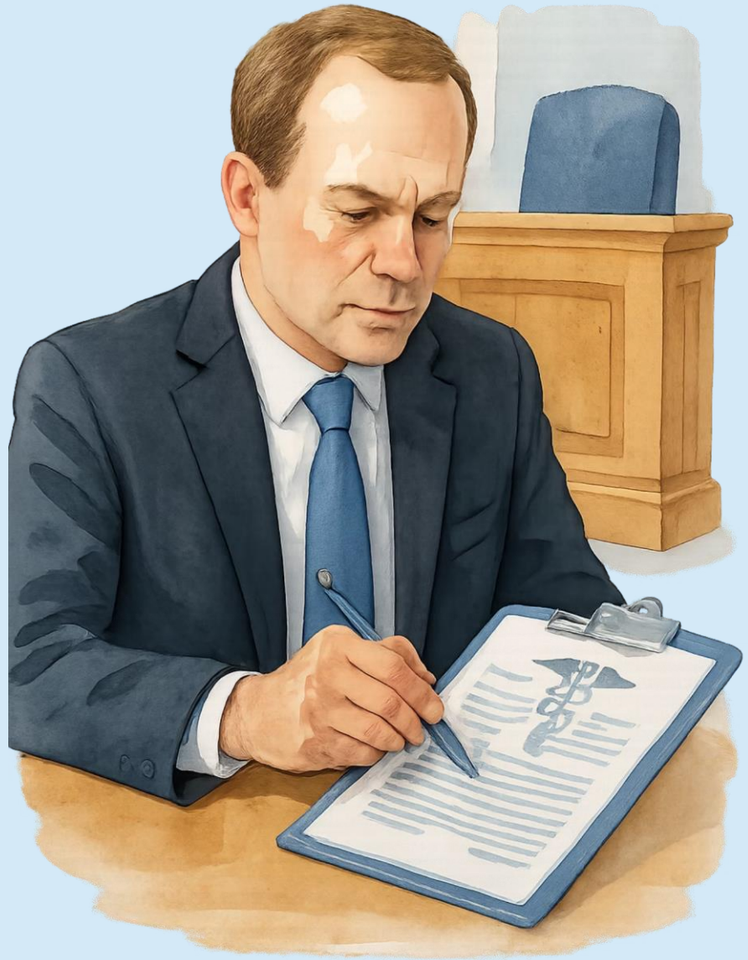
What Happens to Your Chart

Read aloud in court. Used in depositions.
Challenged for bias, gaps, or vague language.

What Holds Up

Objective language. Specific detail. Direct quotes.
Complete absence of assumptions.

> Years from now, you won't remember the patient — but your documentation will speak for you.



"Not every patient will go to court. Not every case will become legal. But any chart could."

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