



## ***CHARTING: The invisible role of physicians in injury prevention:***

Your charting tells medical records staff what codes to assign. Those codes are used by your hospital and by the Minnesota Department of Health as it analyzes injury data statewide. Ultimately, data from all hospitals is the basis for injury prevention programs. It's all based on the chart notes.

## ***What should the chart say about injuries and abuse?***

The list on the other side is based on suggestions from health care providers and victim advocates. It is intended as a guide for use by practitioners and is not intended to be and cannot be relied upon to offer specific legal advice. You are giving your best medical judgment and describing what you have seen and heard. If you are concerned about legal ramifications, contact an attorney.

## ***Who can help the victim of abuse?***

Your hospital social worker, chaplain, or others may assist. If you aren't familiar with local victim services, contact the organizations below for referral.

### **Child Maltreatment/Abuse**

Midwest Children's Resource Center  
651/220-6750

### **Domestic Violence**

Minnesota 24-hour Crisis Line  
1-866-233-1111

### **MN Coalition for Battered Women**

651/646-0994

### **Gay, Lesbian, Bisexual, Transgender Issues**

Outfront Minnesota  
Office: 612/822-0127  
Crisis: 612/822-8661

### **General Violence Concerns**

United Way 2-1-1

### **Sexual Violence**

MN Coalition Against Sexual Assault  
612/323-2797, 1-800-964-8847  
[www.mncasa.org](http://www.mncasa.org)

**RAINN** (national sexual abuse hotline, automatically refers to local program by caller's area code):  
1-800-656-HOPE (4673)



**Injury and Violence  
PREVENTION**

Phone: 651-215-8954

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## *For ALL INJURIES, chart the following:*

- What are the injuries?** (type, number, size, location, and resolution). Use a body chart, drawing, imaging studies. If patient gives consent, include color photographs.
- What happened?** (motor vehicle crash, assault with fist, fall, firearm injury, etc.)
- Who was involved?** (victim, witness, perpetrator if appropriate)
- Where did it happen?** (home, school, farm, road, work—if so, was it work-related?)
- When did it happen?** (date and time of injury)
- What was the intent?** (unintentional, assaultive, self-inflicted)
- Were drugs or alcohol involved?** (if not, write "no alcohol/drug use")
- Was weather a factor, or other environmental conditions?**
- Was protective equipment used?** (seatbelts, airbags, helmet, or gloves)
- Relevant medical and social history**
- Relevant laboratory and other diagnostic procedures**

## *For ABUSIVE INJURIES, add these points:*

- What was the abuser's relationship to the patient?** (state name and identifying details)
- Was a weapon used? What was it?**
- What was patient's demeanor, behavior, or appearance?** (calm, frightened, tearful, agitated, etc.)
- What did the patient say about how the injury happened?**  
Use the patient's words: *The patient said, "My husband hit me with a bat"* is preferable to *Patient has been abused.*
- What is your opinion?** Record your observations about the patient's behavior or appearance. You might write, *These injuries do not seem compatible with...*, and explain how the patient's description relates to your observation.
- Were police called?** If so, state the name and jurisdiction of the investigating officer, and any actions that you are aware of.

*For privacy and safety, consider keeping the chart at the nurses' station rather than at the patient's bedside or door.*