

Exam and Evidence Collection Technique

Taking History from child:

Take time to establish rapport.

Any questioning of the child should be limited to that necessary for the immediate medical assessment and treatment and should follow the guidelines below. Detailed interviews should be left to trained professionals.

The parent/accompanying adult should not be present during the interview.

Use the child's own language, including their own terms for body parts and description of events.

Limit questions to those required to establish possible mechanisms of injury.

Verbatim questions and answers should be documented, with the use of quotation marks.

If the child makes a spontaneous statement, record it verbatim in the medical record.

When to not question a child:

If the child is too scared, too traumatized physically or emotionally, or is developmentally unable to answer these questions, do not question the child. Do not do repeated interviews.

This can confuse a young child.

Genital Exam Technique:

Explain procedure to child before beginning in a developmentally appropriate way

Do not hold a child down for the exam

Can be done supine on exam table or on parents' lap (see figure 4)

Gentle lateral and downward traction (toward the anus) on the labia will usually reveal introital structures including the hymen (see figure 1 labial separation)

Grasping the labia and pulling outward and downward (toward the anus) can increase visualization (see figure 2 labial traction)

Prone knee-chest position should be utilized whenever an abnormal finding is seen in Supine frog-leg to confirm the finding (see figure 3)

Anal exam can be done prone or supine with gentle buttock traction

Digital rectal or vaginal exam is rarely if ever indicated in the prepubertal child

Speculum exam (nasal or vaginal) should never be performed on a prepubertal child without sedation or anesthesia, and never for convenience

Consider sedation or anesthesia if child is not cooperative or if full speculum exam or wound exploration is needed

Indications that a speculum exam is necessary:

severe injury or inability to visualize a source of hemorrhage

Inability to effectively remove a foreign body by other means (repositioning and flushing etc)

Lab and Forensic Evaluation:

- Can collect specimens via Maine State Evidence Collection Kit - cotton swabs can be moistened with sterile water and gently wiped in introitus, the swab is then smeared on a glass slide, air dried and placed in evidence collection kit.
- May also swab other areas of body where there is a history of contact with saliva or semen.
- Adolescent acute sexual assault victim with history of either vaginal or rectal penetration within 72 hrs of presentation should follow a more complete adult evidence collection kit.
- In prepubertal children suspected of having a genital STI, urine for GC/Chlamydia should be sent
- In adolescent victims suspected of having a genital STI, endocervical/urethral DNA probe for gonorrhea and Chlamydia should be sent when appropriate
- If pharyngeal or rectal STI's are suspected, true culture medium should be utilized
- Lesions suspect should be cultured for Herpes using the appropriate medium after unroofing the lesion
- HIV and VDRL testing can typically be deferred for outpatient follow-up
- Pregnancy test should be performed if Tanner II or higher

Photography Documentation: Follow the established guidelines at your facility regarding medical photography

Example of procedure at Maine Medical Center:

1. Enter order in SCM for "Audio Visual Request"
2. A consent form will print at the default printer for your workstation
3. Have patient representative sign consent (**suspected abuse cases do not require parental/guardian consent to photograph, but you must document this on the consent form**)
4. Make 2 copies of consent (so you will have 3 total)
 - a. Place original in patient chart
 - b. Give one copy to the patient representative if signed by them
 - c. Place the last copy in the envelope with the media card (see below)
5. Take picture of patient's ID sticker or bracelet
6. Photograph patient with orientation shot (full length photo of patient appropriately clothed or draped) first
7. Then take close up picture of each injury with and without measuring device
8. Use macro setting (button with picture of flower) if photographing area smaller than 5"x7"
9. End with picture of patient's ID sticker or bracelet
10. After photos taken, right click on order in SCM and select "completed"
11. Take media card out of the camera and place in medical photography envelope with copy of consent (see above)
12. Place patient sticker on medical photography envelope, fill out name and contact info on medical photography envelope, and place in locked box near charge nurse desk
13. Place new media card in camera and return it to its original location

Figure 1



Figure 3

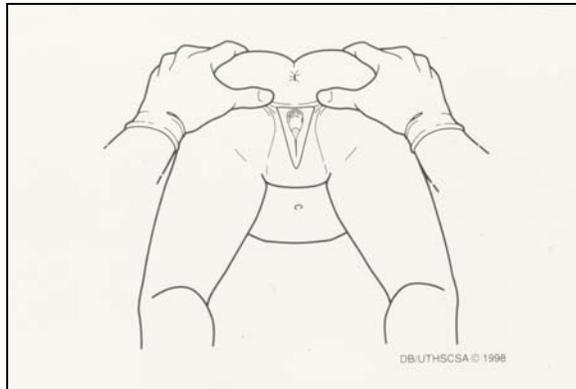


Figure 2

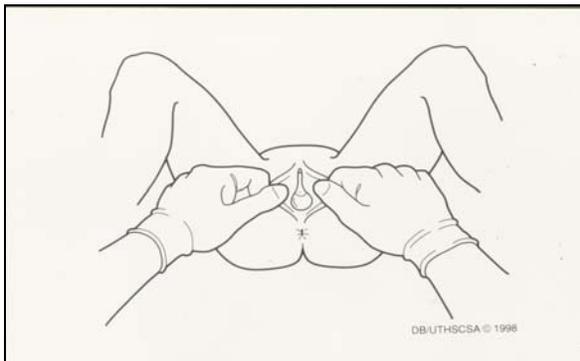


Figure 4

