Elements in a Standard Elder Death Scene Form

DOCUMENT ALL FINDINGS IN DETAIL

# INVESTIGATIVE INFORMATION

**Decedent**

Decedent Name Click or tap here to enter text. Date of Birth Click or tap here to enter text.

Social Security Number Click or tap here to enter text. Marital Status Choose an item.

Gender Choose an item. Race Choose an item. Ethnicity Choose an item.

Home Address Click or tap here to enter text.

Height Click or tap here to enter text. Weight Click or tap here to enter text.

Next of Kin Name Click or tap here to enter text. Relationship Click or tap here to enter text.

Address Click or tap here to enter text. Phone Click or tap here to enter text.

Next of Kin Notification Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

# Events of Death

Address of Incident Click or tap here to enter text.

Name of Facility Click or tap here to enter text.

Date/Time of Death Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Name of Person who Pronounced Click or tap here to enter text. Click or tap here to enter text.

Last Known Alive Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Last Seen Click or tap here to enter text. Click or tap here to enter text.

When Discovered Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Who Discovered Click or tap here to enter text. Click or tap here to enter text. Location Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Unknown** |
|  |  |  |

Ambulance/Emergency Medical Services Click or tap here to enter text.

Body Position Click or tap here to enter text.

Intervention by First Responders Click or tap here to enter text.

General Physical Appearance (clean, unclean, unkempt, body odor) Click or tap here to enter text.

Clothing (appropriate for season, soiled, urine/fecal-stained) Click or tap here to enter text.

Law Enforcement AgencyClick or tap here to enter text.

Reporting Officer Click or tap here to enter text. Department Service Number (DSN) Click or tap here to enter text. Time Call Received Click or tap here to enter text. Law Enforcement Report Number Click or tap here to enter text.

Medicolegal Death Investigator Name Click or tap here to enter text.

Lividity/Consistent with Body Position

If Not, Explain Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date and Time of Assessment** | **Yes** | **No** | **Unknown** |
| Rigor Mortis/Date and Time of Assessment Click or tap here to enter text. |  |  |  |
| Decubitus Ulcers (Location and Stage) Click or tap here to enter text. |  |  |  |
| Injuries and Explanation for Injury |  |  |  |
| Contusions Click or tap here to enter text. |  |  |  |
| Lacerations Click or tap here to enter text. |  |  |  |
| Abrasions Click or tap here to enter text. |  |  |  |
| Burns Click or tap here to enter text. |  |  |  |
| Petechiae Click or tap here to enter text. |  |  |  |
| Fractures (Note: If from Fall, Date/Time of Fall and Surface Type)  Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. |  |  |  |
| Evidence of Restraints (Method, Body Location, How Long)  Click or tap here to enter text. Click or tap here to enter text. |  |  |  |
| Date and Time of Assessment Click or tap here to enter text. |  |  |  |
| Environmental Temperature (Macro and Micro Environment): |  |  |  |
| Click or tap here to enter text. Click or tap here to enter text. |  |  |  |

# Hospice Deaths

Hospice AgencyClick or tap here to enter text.

Primary Nurse Contact: Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Date Entered Program Click or tap here to enter text.

Decedent Clean and Well-Cared for?

Are Medications in Order?

Suspicious Circumstances? (Detailed Description)

Click or tap here to enter text.

# Medical/Social/Psychiatric History

Recent Complaints Click or tap here to enter text.

Primary Care Physician/Office/Exchange Phone Numbers Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Primary Care Physician/Notified Date and TimeClick or tap here to enter text. Click or tap here to enter text.

Primary Care Physician or Medical Examiner/Coroner to Sign Death Certificate Click or tap here to enter text.

Treated For Click or tap here to enter text.

Dementia/Other Cognitive Impairment (Specify) Click or tap here to enter text.

Medications Prescribed (Note Absence of Medications that should be Current or Others on Scene that are not Prescribed to Decedent): Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

# Yes No Unknown

Medication Compliance

Name of Person who Administers Medication(s) Click or tap here to enter text.

Pharmacy Click or tap here to enter text.

Recent Hospitalizations (Location, Admission/Discharge Date/Admitting Diagnosis) Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Degree of Independence (Competency, Activities of Daily Living) Click or tap here to enter text. Click or tap here to enter text.

Ambulatory Status/Mobility Aids (Walker, Wheelchair, Crutches, Motorized Scooter): Click or tap here to enter text. Click or tap here to enter text.

**Social History: Yes No Unknown**

Tobacco Use

Alcohol Use (Type/Number of Containers/ Empty or Full)

Click or tap here to enter text. / Click or tap here to enter text. / Choose an item.

Prescription Drug Abuse

Illicit Drug Use (Paraphernalia Present/Describe)

Click or tap here to enter text.

Psychiatric Physician/Office/Exchange Phone Numbers Click or tap here to enter text. Click or tap here to enter text.

Treated For Click or tap here to enter text.

**Environment Information**

Type of Dwelling (Own Residence, Other Residence, Institution) Click or tap here to enter text.

Name of Institution Click or tap here to enter text.

License Information Click or tap here to enter text.

Exterior Condition Description Click or tap here to enter text.

Interior Condition Description Click or tap here to enter text.

Ambient Temperature Click or tap here to enter text.

Number of Residents Click or tap here to enter text.

Caregiver(s) Name(s)/Qualifications/Type of Care Provided Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. **Yes No Unknown**

History of Caregiver(s) History of Alcohol/Illicit Drug Use    **POSSIBLE INDICATORS OF PHYSICAL, SEXUAL AND EMOTIONAL ABUSE, NEGLECT, FINANCIAL EXPLOITATION – COMPLETE APPROPRIATE SECTION(S)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical Abuse** | **Yes** | **No** | **Unknown** |
| Self-Report (Prior to Death) |  |  |  |
| Contusions (Head, Neck, Extremities) |  |  |  |
| Periorbital Ecchymosis |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical Abuse (Continued)** | **Yes** | **No** | **Unknown** |
| Lacerations |  |  |  |
| Injuries Consistent with Ligatures/Restraints |  |  |  |
| Open Wounds |  |  |  |
| Untreated Injuries |  |  |  |
| Injuries (In Various Stages of Healing) |  |  |  |
| Fractures |  |  |  |
| Thermal Injuries |  |  |  |
| Neck Injuries |  |  |  |
| Bite Marks |  |  |  |
| Medication-Over/Under |  |  |  |
| Broken Eyeglasses |  |  |  |
| Traumatic Alopecia |  |  |  |
| **Sexual Abuse** | **Yes** | **No** | **Unknown** |
| Self-Report (Prior to Death) |  |  |  |
| Injuries (Internal/External) Oral/Genital/Anal Areas |  |  |  |
| Internal Bleeding |  |  |  |
| Torn/Bloody Underclothes |  |  |  |
| History: Difficulty Walking/Sitting |  |  |  |
| Sexually Transmitted Disease |  |  |  |
| Frequent Urinary Tract Infections |  |  |  |
| **Neglect/Cruelty** | **Yes** | **No** | **Unknown** |
| Self-Report (Prior to Death) |  |  |  |
| Dehydration |  |  |  |
| Malnutrition |  |  |  |
| Untreated Health Conditions/Injuries |  |  |  |
| Non-Compliance to Medical/Psychiatric Treatment/Care |  |  |  |
| Failure to Get Medical/Dental Care (Document Reason Given for Non- |  |  |  |
| Compliance) Click or tap here to enter text. |  |  |  |
| Weight Loss |  |  |  |
| Medications (Over/Under) |  |  |  |
| Lack of Essential Services |  |  |  |
| Lack of Assistive Devices |  |  |  |
| Abandonment |  |  |  |
| Inappropriate Clothing |  |  |  |
| Inadequate heating/Cooling |  |  |  |

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| --- | --- | --- | --- |
| **Neglect/Cruelty (Continued)** | **Yes** | **No** | **Unknown** |
| Bed Sores |  |  |  |
| Shared Living Arrangements |  |  |  |
| Unsafe Environment |  |  |  |
| Fleas/Lice/Roaches/Rodents |  |  |  |
| Fecal/Urine Odor |  |  |  |
| Fecal/Urine-Stained Bedding/Seating |  |  |  |
| Excoriated Skin |  |  |  |
| Lock/Chains on Interior Doors |  |  |  |
| **Emotional Abuse** | **Yes** | **No** | **Unknown** |
| Self-Report (Prior to Death) |  |  |  |
| Upset/Agitation |  |  |  |
| Withdrawn/Non-Responsive |  |  |  |
| Unusual Behavior |  |  |  |
| Unexplained Withdrawal. Sudden Change in Alertness, Unusual  Depression, etc. |  |  |  |
| **Financial Exploitation** | **Yes** | **No** | **Unknown** |
| Self-Report (Prior to Death) |  |  |  |
| Unemployed Adults Reside in Home |  |  |  |
| Sudden Changes in Banking Habits |  |  |  |
| New Names on Signature Card(s) |  |  |  |
| Unauthorized Withdrawal(s) |  |  |  |
| Abrupt Changes in Will |  |  |  |
| Disappearance of Funds/Possessions |  |  |  |
| Unpaid Bills/Adequate Funds |  |  |  |
| Forged Signature for Transactions |  |  |  |
| Appearance of Previously Uninvolved Relative Click or tap here to enter text. |  |  |  |
| Sudden Transfer of Assets |  |  |  |
| Unlicensed Personal Care Home |  |  |  |
| Dehydration/Malnutrition |  |  |  |
| Lack of Medical Attention |  |  |  |
| Unsafe Living Conditions |  |  |  |
| Unsanitary Living Conditions |  |  |  |
| Inappropriate Clothing |  |  |  |
| Lack of Assistive Devices |  |  |  |
| Shared Living Arrangements |  |  |  |

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| --- | --- | --- | --- |
| LONG-TERM CARE FACILITY INFORMATION |  |  |  |
| **Physical Condition and Quality of Care** | **Yes** | **No** | **Unknown** |
| Documentation but Untreated Injuries |  |  |  |
| Undocumented Injuries and Fractures |  |  |  |
| Multiple, Untreated, or Undocumented Pressure Sores |  |  |  |
| Medical Orders Not Followed |  |  |  |
| Dietary Orders Not Followed |  |  |  |
| Poor Oral Care, Poor Hygiene, and Lack of Cleanliness of Resident (e.g.,  Unchanged Adult Diapers, Untrimmed Finger and Toenails) |  |  |  |
| Malnourished Residents with No Explanation for Low Weight |  |  |  |
| Bruising in Non-Ambulatory Residents |  |  |  |
| Bruising in Unusual Locations |  |  |  |
| Family has Statements and Facts Concerning Poor Care |  |  |  |
| Level of Care for Residents with Non-Attentive Family Members |  |  |  |
| **Facility Characteristics** | **Yes** | **No** | **Unknown** |
| Lack of Bed Linens |  |  |  |
| Unchanged Linens |  |  |  |
| Strong Odors (Urine/Feces) |  |  |  |
| Trash Cans That Have Not Been Emptied |  |  |  |
| Housekeeping Issues (Overflowing Trashcans, Strong odors, Food Left on Trays, etc.) |  |  |  |
| History of Similar Problems (Regulations/License) |  |  |  |
| Inconsistencies Between | **Yes** | **No** | **Unknown** |
| Medical Records, Statements Made by Staff Members, and/or What is Viewed by Investigator |  |  |  |
| Statements Given by Different Groups |  |  |  |
| The Reported Time of Death and Condition of the Body |  |  |  |
| Staff Behaviors | **Yes** | **No** | **Unknown** |
| Staff Members who Follow the Investigator too Closely |  |  |  |
| Lack of Knowledge or Concern About a Resident |  |  |  |
| Evasiveness, Both Unintended and Purposeful, Verbal and Nonverbal |  |  |  |
| Facility’s Unwillingness to Release Medical Records |  |  |  |

This list is intended only as an investigative tool and is not considered an exhaustive list. Many items on this list were compiled from information obtained from the following sources:

1. Dyer CB, Sanchez L, Kim L, et al. Factors that impact the determination by medical examiners of elder mistreatment as a cause of death in older people [Internet]. Washington: U.S. Department of Justice; 2008 Jul [cited 2014 Jul 28]. 73 p. Available from: [https://www.ncjrs.gov/pdffiles1/nij/grants/223288.pdf.](http://www.ncjrs.gov/pdffiles1/nij/grants/223288.pdf)
2. Lindbloom E, Brandt J, Hawes C, et al. The role of forensic science in identification of mistreatment deaths in long- term care facilities: final report [Internet]. Washington: U.S. Department of Justice; 2005 Apr [cited 2014 Jul 28]. 91 p. Available from: http[s://www.ncjrs.gov/pdffiles1/nij/grants/209334.pdf.](http://www.ncjrs.gov/pdffiles1/nij/grants/209334.pdf)
3. Why should I care about elder abuse? [Internet]. Orange (CA): National Center on Elder Abuse; [cited 2014 Jun 12]. Available from: http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA\_WhyCare\_508[.pdf.http://www.ncea.aoa.gov/Res](http://www.ncea.aoa.gov/Res) ources/Publication/docs/ NCEA\_WhyCare\_508.pdf