

Madigan Army Medical Center Referral Guidelines

Vulnerable Adult Abuse

Diagnosis/Definition

- Vulnerable adults may be subjected to abuse, neglect, financial exploitation, or abandonment by a family member, care provider, or other person who has a relationship with the vulnerable adult. A vulnerable adult includes a person who:
 - a person 60 years of age or older who lacks the functional, physical, or mental ability to care for him or herself;
 - an adult with a developmental disability per **71A.10.020**;
 - an adult with a legal guardian per **11.88 RCW**;
 - an adult living in a long-term care facility (an adult family home, boarding home or nursing home);
 - an adult living in their own or family's home receiving services from an agency or contracted individual provider; or an adult self-directing their care per law (**74.39.050 RCW**)

Initial Diagnosis and Management

History and physical exam

What to look for:

- Unexplained injuries, bruises, burns, puncture wounds, cuts, sunken eyes and/or welts
- Excessive fears, withdrawal, agitation
- Sudden inability to pay bills, buy food or personal items
- Changes in appetite or unusual weight gain or loss
- Poor personal hygiene
- Does not know personal finances or
- Unexplained changes in health.
- Indicators of abandonment include action or inaction by a person or entity with a duty to care for a vulnerable adult that leaves the vulnerable adult without the means or ability to obtain necessary food, clothing, shelter, or health care.
- Indicators of abuse include non-accidental acts of physical or mental mistreatment or injury, or sexual mistreatment, which harms a person through action or inaction by another individual.
- Indicators of exploitation include illegal or improper use of a vulnerable adult's income or resources for another person's profit or advantage.
- Indicators of neglect are a pattern of conduct or inaction by a person or entity with a duty of care for a vulnerable adult that results in the deprivation of care necessary to maintain the vulnerable person's physical or mental health.

- Indicators of self-neglect include the failure to provide for oneself the goods and services that are necessary to avoid physical, emotional, or medical harm. This excludes a person who is competent to make a voluntary decision to live his/her life in a manner that may threaten his/her safety or well-being.

Signs of Self Neglect: Further Medical Evaluation may be necessary.

- Hoarding
- Failure to take essential medications or refusal to seek medical treatment for serious illness or injuries
- Leaving a burning stove unattended
- Poor hygiene
- Not wearing suitable clothing for the weather
- Confusion
- Inability to attend to housekeeping or
- Dehydration.

Ongoing Management and Objectives

- Ensure victim safety
- Assessment
- Treatment for the victim
- Prevent future abuse/neglect

Indications for Specialty Care Referral

- As a mandatory reporter, you MUST by law make a report to Adult Protective Service if you have reason to believe abuse, abandonment, neglect, or financial exploitation of a vulnerable adult has occurred
- As a mandatory reporter you MUST make a report to local law enforcement if you suspect a vulnerable adult has been sexually or physically assaulted, or if you believe that an act has caused fear or imminent harm.

Any indications of vulnerable adult abandonment, abuse, exploitation, neglect, or self-neglect should be referred to **Behavioral Medicine Consultation Services- Inpatient Social Work**

- **Inpatient Social Work** will, in turn, forward reports to the appropriate Washington State Adult Protective Services (APS) office for action.
- During duty hours, call **BMCS- Inpatient Social Work**.
- After hours, contact the ER social workers
- If No ER Social Worker available, place **CHCS1 consult to Social Work**
- APS can investigate allegations, provide legal protection and case management services, and coordinate for obtaining in-home services or placement.
- APS CANNOT remove a client from their own home environment against their will, change a client's life style, or make a client move into a nursing facility.

Criteria for Return to Primary Care

Primary Care should continue to be involved and be aware of what is happening with the patient following Social Work/APS referral. **PCM should refer the patient to their Nurse Case Manager for follow-up if the patient has been referred or reported.**

Last Review for this Guideline: **September 2012**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator