DIRECTIONS: All items must be completed within two (2) hours of assessment. Initial items when completed. This form is a permanent part of the patient record.

- Call patient information to change patient's name.
- Place patient in a room away from the unit entrance and close to the nursing station.
- Interview the patient for pertinent information and place in front of the chart.
  - Description of past abuse
  - Brief description of the abuser
  - Identifying marks
  - Nicknames or aliases
  - Weapons used or carried at present or in the past
  - Date of last involvement with the abuser
  - Type of abuse (physical, mental, and/or sexual)
  - Court order filed with police
  - Names and descriptions of persons cleared to visit
- Alert safety and security of patient's situation and abuser's description
- Call Social Services Department for consult
- Notify the switchboard and place block on all incoming calls
- Notify Nurse Manager (or Supervisor in her absence) and nursing staff of entire situation.

ALERT:
[1] Keep all doors to the MIH Unit and patient's room closed and secure at all times.
[2] Secure the entrance to the Nursery and keep baby in view at all times.
[4] Utilize unit and hospital Domestic Violence Resource persons and/or call Social Services for further questions and/or guidance.