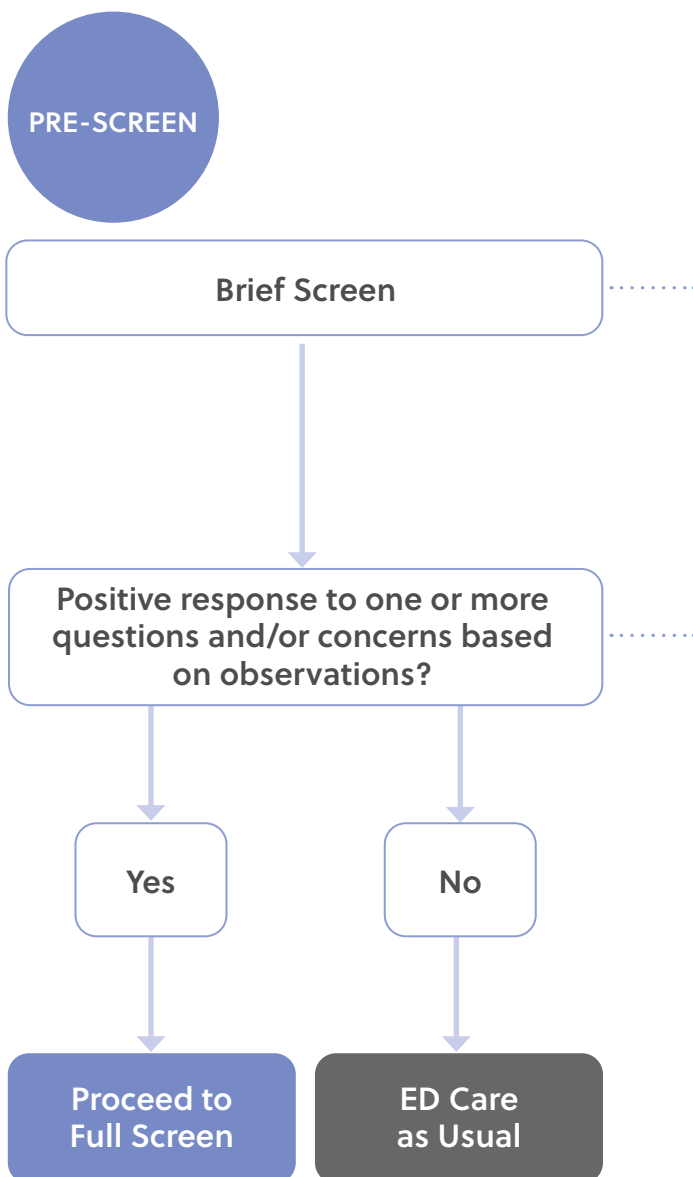


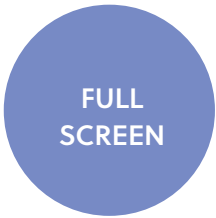
# Elder Mistreatment Screening and Response Tool (EM-SART)

The EM-SART is a tool intended for use in the emergency department for identification of suspected elder mistreatment. Users should undergo training regarding the administration of the tool as well as the content areas of elder mistreatment and geriatric medical syndromes. It is important to ask the screening questions privately while the patient is unaccompanied.



<b>Ask the Patient</b>	<b>YES</b>	<b>NO</b>
Has anyone close to you harmed you?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone close to you failed to give you the care that you need?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone tried to force you to sign papers or use your money against your will?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Look for Red Flags</b>		
<i>If available, the patient's medical history includes:</i>	<b>YES</b>	<b>NO</b>
Repeated visits to the ED	<input type="checkbox"/>	<input type="checkbox"/>
Frequent or unexplained injuries	<input type="checkbox"/>	<input type="checkbox"/>
History or signs of cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>
Delayed attention to or unmet health needs	<input type="checkbox"/>	<input type="checkbox"/>
<i>The patient appears to:</i>	<b>YES</b>	<b>NO</b>
Have physical signs of mistreatment (e.g., suspicious wounds, concerning personal hygiene, malnutrition or dehydration)	<input type="checkbox"/>	<input type="checkbox"/>
Have unmet mental health needs or problems with substance use	<input type="checkbox"/>	<input type="checkbox"/>
Lack access to needed resources	<input type="checkbox"/>	<input type="checkbox"/>
Feel uncomfortable with their caregiver(s)	<input type="checkbox"/>	<input type="checkbox"/>
<i>If present, the caregiver appears:</i>	<b>YES</b>	<b>NO</b>
Unengaged, inattentive, or to lack knowledge of the patient's medical needs	<input type="checkbox"/>	<input type="checkbox"/>
Dismissive of, frustrated with, or hostile towards the patient	<input type="checkbox"/>	<input type="checkbox"/>
Overly concerned or anxious about the patient	<input type="checkbox"/>	<input type="checkbox"/>
To have unmet mental health needs or problems with substance use	<input type="checkbox"/>	<input type="checkbox"/>
To lack access to needed resources	<input type="checkbox"/>	<input type="checkbox"/>
<b>Record Additional Notes and Recommendations</b>		
<input type="checkbox"/> <i>I recommend the <u>EM-Full Screen</u>.</i>		
<input type="checkbox"/> <i>I recommend <u>ED care as usual</u>.</i>		
Notes: _____		

Adapted from DETECT Screening Tool<sup>1</sup>



**Initial Cognitive Assessment (AMT4)**

✓ *Indicate whether the patient answers the following questions correctly.*

	<b>YES</b>	<b>NO</b>
What is your age?	<input type="checkbox"/>	<input type="checkbox"/>
What is your date of birth?	<input type="checkbox"/>	<input type="checkbox"/>
What is this place?	<input type="checkbox"/>	<input type="checkbox"/>
What is the year?	<input type="checkbox"/>	<input type="checkbox"/>

**Elder Mistreatment Questions**

✓ *Ask questions when patient is alone, and indicate the patient's response. Preface each question with "In the last 6 months..."*

	<b>YES</b>	<b>NO</b>
Have you needed help with bathing, dressing, shopping, banking, or meals?	<input type="checkbox"/>	<input type="checkbox"/>
*If yes, have you had someone who helps you with this?	<input type="checkbox"/>	<input type="checkbox"/>
*If yes, is this person always there when you need them?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone close to you called you names or put you down?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone told you that you give them too much trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone close to you threatened you or made you feel bad?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone tried to force you to sign papers or use your money against your will?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone close to you tried to hurt you or harm you?	<input type="checkbox"/>	<input type="checkbox"/>

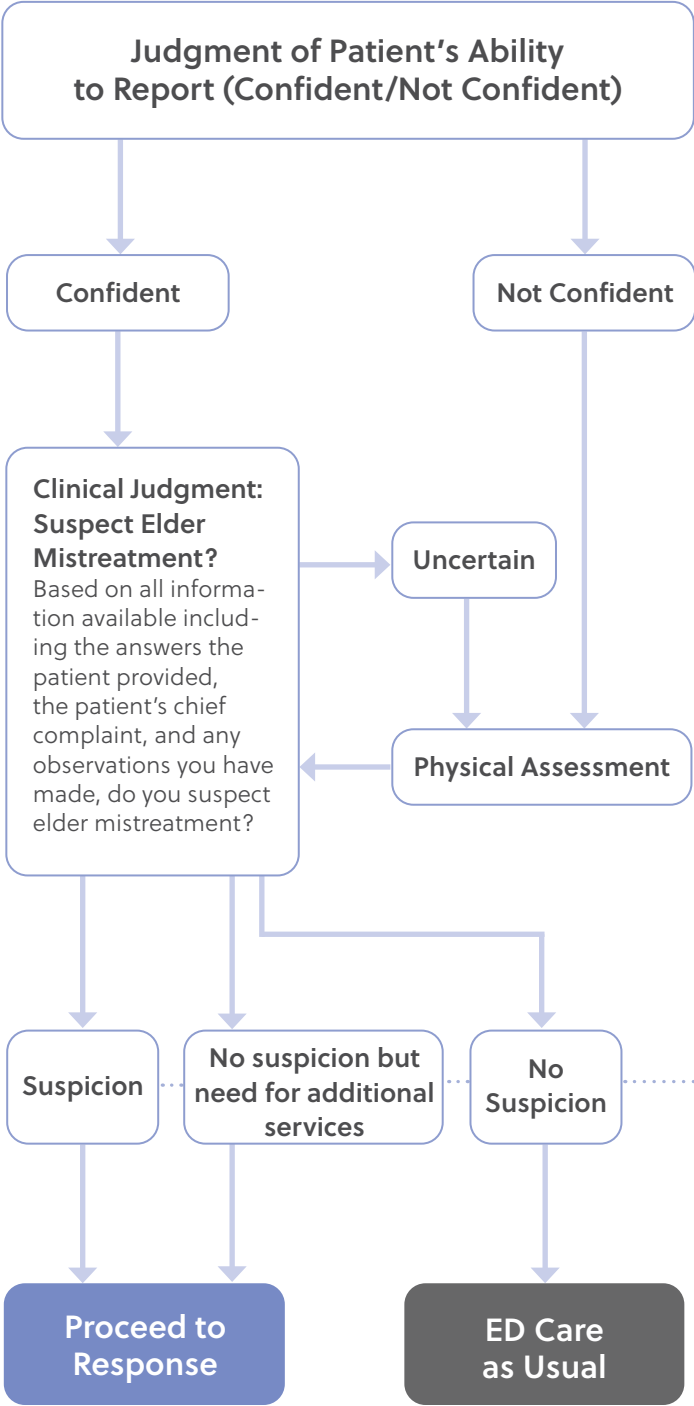
**Observational Screen/Red Flags**

✓ *Indicate the proper response.*

<i>The patient appears to:</i>	<b>YES</b>	<b>NO</b>
Have physical signs of mistreatment (e.g., suspicious wounds, concerning personal hygiene, malnutrition or dehydration)	<input type="checkbox"/>	<input type="checkbox"/>
Have unmet mental health needs or problems with substance use	<input type="checkbox"/>	<input type="checkbox"/>
Lack access to needed resources	<input type="checkbox"/>	<input type="checkbox"/>
Feel uncomfortable with their caregiver(s)	<input type="checkbox"/>	<input type="checkbox"/>
<i>If present, the caregiver appears:</i>	<b>YES</b>	<b>NO</b>
Unengaged, inattentive, or to lack knowledge of the patient's medical needs	<input type="checkbox"/>	<input type="checkbox"/>
Dismissive of, frustrated with, or hostile towards the patient	<input type="checkbox"/>	<input type="checkbox"/>
Overly concerned or anxious about the patient	<input type="checkbox"/>	<input type="checkbox"/>
To have unmet mental health needs or problems with substance use	<input type="checkbox"/>	<input type="checkbox"/>
To lack access to needed resources	<input type="checkbox"/>	<input type="checkbox"/>

*(Full Screen continues on next page)*

**FULL SCREEN**



**Judgment of Patient's Ability to Report**  
 Based on the information gathered, do you feel confident that the patient was able to honestly and accurately report mistreatment?  
 Confident     Not confident

✓ *Indicate the proper response.*

Elements Highly Suggestive of Abuse	YES	NO
Bruising in unusual location, multiple bruises, or large bruises?	<input type="checkbox"/>	<input type="checkbox"/>
Burn patterns suggestive of intentional injury?	<input type="checkbox"/>	<input type="checkbox"/>
Patterned injuries?	<input type="checkbox"/>	<input type="checkbox"/>
Abrasions or lacerations suggestive of intentional injury?	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of neglect?	<input type="checkbox"/>	<input type="checkbox"/>

Elements That May Suggest Abuse	YES	NO
Evidence of malnutrition?	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of dehydration?	<input type="checkbox"/>	<input type="checkbox"/>
Swollen or tender area on palpation?	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of poor control of medical problems?	<input type="checkbox"/>	<input type="checkbox"/>

Specific Circumstances	YES	NO
Genital trauma or infection concerning for sexual abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Fractures concerning for abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Current problem has been present for a long time—unusual delay in seeking medical attention concerning for abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>

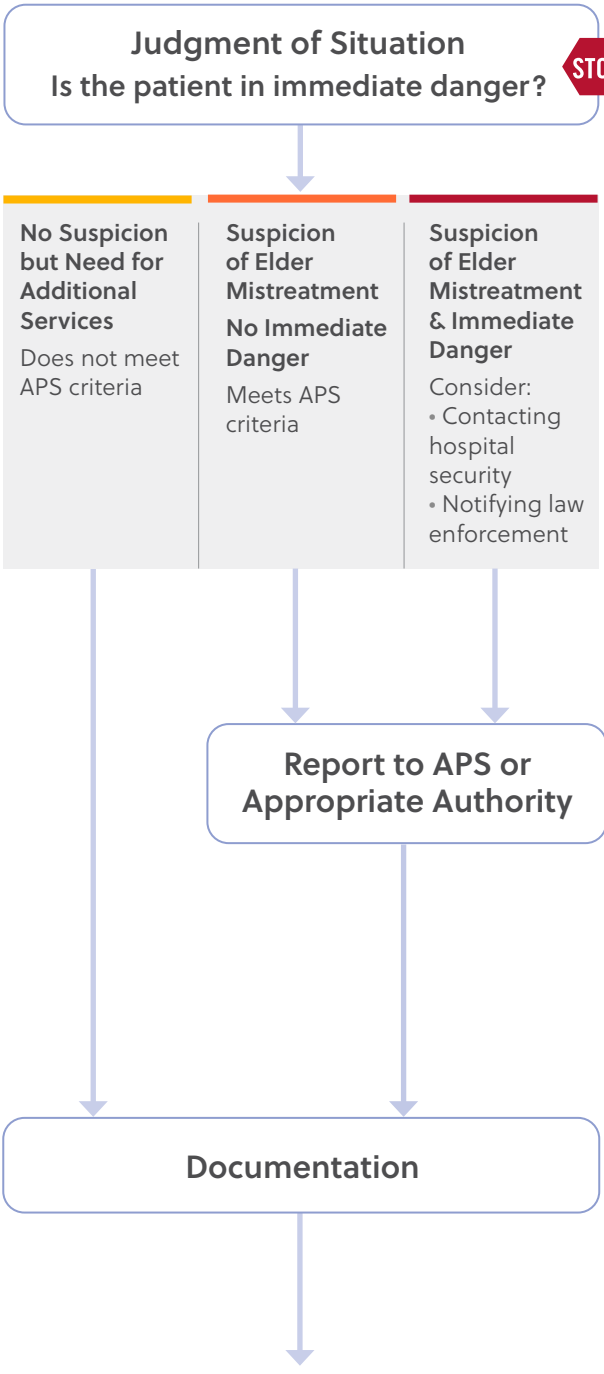
**Clinical Judgment: Suspicion of Elder Mistreatment**

Suspicion  
 No suspicion but need for additional services  
 No suspicion

Notes: \_\_\_\_\_  
 \_\_\_\_\_

<sup>1</sup>The Senior Abuse Identification Tool is incorporated into this screening protocol with permission from Tim Platts-Mills, University of North Carolina. Platts-Mills, T.F., Dayaa, J.F., Reeve, B.B., Krajick, K., Mosqueda, L., Haukoos, J.S., Patel, M.D., Mulford, C.F., McLean, S.A., Sloane, P.D., Travers, D., & Zimmerman, S. (2018); Development of the Emergency Department Senior Abuse Identification (ED Senior AID) tool, *Journal of Elder Abuse & Neglect*.  
<sup>2</sup> Detect Screening Tool is incorporated into this screening protocol with permission from Michael Bradley Cannell, University of Texas.

**RESPONSE TO POSITIVE SCREEN**



(Response to Positive Screen continues on next page)



**IMMEDIATE DANGER: STOP**  
Do not discharge to previous living situation if:

- ✓ *Check all that apply*
  - S**exual assault with ongoing risk
  - T**hreat: concern for or stated threat of physical injury
  - nO** access: neglect with ongoing risk for insufficient access to shelter, food, medication, or medical care
  - P**hysical abuse with injury and ongoing risk
- Assess decision-making capacity if appropriate:**  
If a patient wishes to return to an unsafe living situation, assess capacity to make this decision

**Report**

- ✓ *Indicate where patient currently lives:*
- Own residence
- Residential care community
- Nursing home
- Other: \_\_\_\_\_
- ✓ *Indicate whether a report was made to:*
- Adult Protective Services (APS)
- Other: \_\_\_\_\_

**Document**

- ✓ *Indicate whether physical assessment findings were documented in health record*
- Physical assessment findings (e.g., written descriptions, diagrams, photos)
- ✓ *Indicate the type(s) of mistreatment and whether there is concern for immediate danger in the table below*

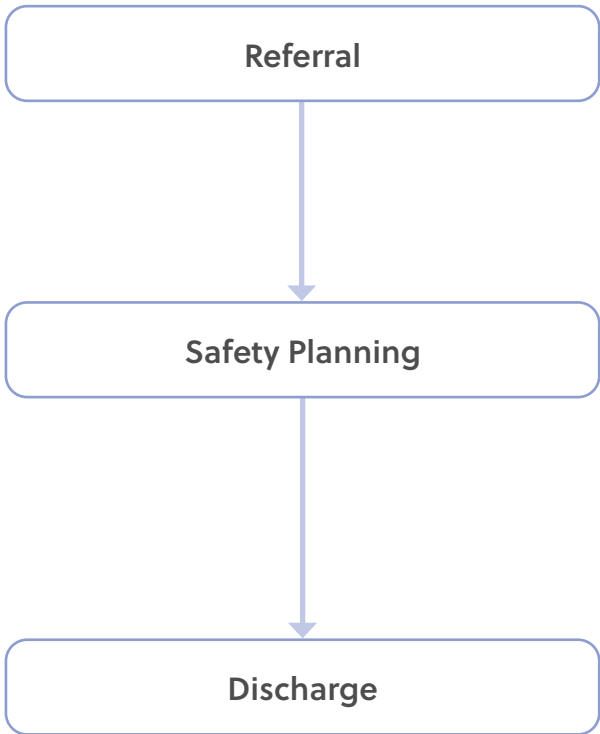
Level of concern

	Physical Abuse	Sexual Abuse	Emotional Abuse	Financial Abuse	Undue Influence	Neglect
Suspicion of EM & Immediate Danger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suspicion of EM No Immediate Danger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Elder Mistreatment (EM)

- No suspicion of mistreatment but need for additional services

**RESPONSE  
TO POSITIVE  
SCREEN**



**Refer Patient**

- Care/case management services
- Emergency assistance and material aid services
- Legal services
- Housing and relocation services
- Substance use services
- Nutrition
- Mental health services
- Medical rehabilitation services
- Medical or dental services
- Community aging services
- Other: \_\_\_\_\_

**Safety Planning**

- Develop safety plan that aligns with patient's values

**Discharge Patient**

**STOP** **Immediate Danger: Do not discharge to previous living situation. Consider:**

- Hold in ED
- Inpatient
- Skilled nursing facility
- Emergency housing
- Shelter
- Other: \_\_\_\_\_

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**No Immediate Danger:**

- Inpatient
- Skilled nursing facility
- Long-term care facility
- Emergency housing
- Home with safety plan
- Other: \_\_\_\_\_