

**MANUAL ON MANAGEMENT**

**OF**

**DISTRICT HOSPITALS, PERIPHERAL UNITS**

**AND**

**RURAL HOSPITALS**

**MINISTRY OF HEALTH AND WOMEN'S AFFAIRS**

**COLOMBO (SRI LANKA)**

**1994**

**Dr. Reggie Perera**  
Deputy Director General of  
Health Services (Medical Services)

**Dr. Joe Fernando**  
Secretary  
Ministry of Health and Women's Affairs

## **The Medical Officer must attend to the**

- **Clinical Medico-Legal examinations,**
- **Medico-Legal postmortem examinations,**
- **Exhumations,**
- **Visiting Scenes of Crime and the**
- **Recording of Dying Declarations.**

## **WHEN TO SEEK HELP OF CONSULTANT JMOO**

If any difficulty arises in carrying out such examinations, due either to **complexity of the case or the inexperience of the Medical Officer**, then the Medical Officer concerned must inform such authority that ordered/ requested such examination, in writing, **giving reasons for his/her inability to carry out such examination** and also advise such Authority to refer the case to the nearest Judicial Medical Officer.

## **MEDICO-LEGAL EXAMINATIONS (CLINICAL)**

Medical Officers in-charge of Institutions must give information to the Officer in-charge of the nearest Police Station, regarding admission or treatment of patients following

- intentional violence,
- sexual assaults,
- accidents,
- poisoning or
- any other situation where there is reasonable ground to suspect that a crime had been committed.

**a) Medico-Legal Clinical Examinations are carried out in the following circumstances:**

**(i) Request of a Police Officer:-**

Medico-Legal Examination Forms (Police-20) are issued to injured persons by the Police Department in cases of intentional violence, sexual assault, road traffic accidents, industrial accidents, poisoning, drunkenness, consumption of drugs, insanity etc.

After the examination, the Medical Officer must hand over to the Police Department, his report in the police copy of the Medico Legal Examination Form as soon as possible.

**ii) Orders of Judges, Magistrates and other Judicial Officers:**

Reports on these examinations must be sent in the Medico-Legal Report Form (H 1135).

අධිකරණ - වෙශ්‍ය පරීක්ෂණ පෝර්මය  
MEDICO - LEGAL EXAMINATION FORM

පොලීස් } 20  
(පි.ග්‍ර.) 1277

අංකය } 2112/14  
No.

1. ජ්‍යානය } ..... රුහුණ

2. දිනය } 20/10/21

3. පරීක්ෂණ මෘතු නම හා උපනය } ආරු  
අ/විද්‍යා ප්‍රාග්‍රැම් තුම්බා  
නො 20. පැවත්වා ඇත්තේ

4. තිස්සු යෙදා ඇත } R-C 71292 දැක්වා

අක්‍රූහ හා තියෙ/තුරු. අංකය/Signature and Rank/Reg. No.

5. නමය Hospital } බුදුරු

6. වාම්පිට අංකය Ward No. } 19 P 26

7. අංක ඉංජේර් අංකය } 110992/14  
B.H.T. No.

8. ඉදිරිපත් යෙදා ඇත } Produced by

9. පරීක්ෂණ යෙදා ඇත දී දිනය හා ටියෙලාව } Date and Time of Examination

10. තුවාල (අදාළ භාවුන් සෙවී ඇත්තා යොදාන්ත) Injuries (Initial appropriate cage)

ඇඟිරින් ප්‍රකාශන Abrasion	<input type="checkbox"/>	කාවික ප්‍රකාශන Contusion	<input type="checkbox"/>	දැරික ප්‍රකාශන Laceration	<input type="checkbox"/>	ඇඟිල් ප්‍රකාශන Stab	<input type="checkbox"/>	ගැලීම් ප්‍රකාශන Gunshot	<input type="checkbox"/>	ඇඟිල් ප්‍රකාශන Cut	<input type="checkbox"/>	සෑන ප්‍රකාශන Fracture	<input type="checkbox"/>	පිළිපිඳි ප්‍රකාශන Burns	<input type="checkbox"/>	නැතු ප්‍රකාශන None	<input type="checkbox"/>
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11. අංශක (අදාළ භාවුන් සෙවී ඇත්තා යොදාන්ත) Weapon (Initial appropriate cage)

කිහිපියා Sharp	<input type="checkbox"/>	ඡෙල්පිට් Blunt	<input type="checkbox"/>	වෙනස (සඳහා යෙන්න) Other (Specify)	.....
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12. පිරිවෙන ප්‍රකාශන (අදාළ භාවුන් සෙවී ඇත්තා යොදාන්ත) Category of hurt (Initial appropriate cage)

වෙශක ප්‍රකාශන Non-Grievous	<input type="checkbox"/>	වෙශක ප්‍රකාශන Grievous	<input type="checkbox"/>	වෙනස (සඳහා යෙන්න) Other (Specify)	.....
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වෙශක ප්‍රකාශන Sharp

වෙශක ප්‍රකාශන Blunt

වෙනස (සඳහා යෙන්න) Other (Specify)

13. ප්‍රාග්‍රැම් (අදාළ භාවුන් සෙවී ඇත්තා යොදාන්ත) Alcohol (Initial appropriate cage)

භාවිත ප්‍රකාශන Breath, Smelling of	<input type="checkbox"/>	ඩොශුන් හි මේ එ Under Influence	<input type="checkbox"/>	වෙශක ප්‍රකාශන Endangering Life	<input type="checkbox"/>	භාවිත ප්‍රකාශන Fatal in ordinary course of nature	<input type="checkbox"/>
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භාවිත ප්‍රකාශන Sharp

භාවිත ප්‍රකාශන Blunt

භාවිත ප්‍රකාශන Other (Specify)

14. දුෂ්‍රිත (අදාළ භාවුන් සෙවී ඇත්තා යොදාන්ත) Drugs (Initial appropriate cage)

භාවිත ප්‍රකාශන Consumed	<input type="checkbox"/>	භාවිත ප්‍රකාශන Under Influence	<input type="checkbox"/>	නැතු ප්‍රකාශන Negative	<input type="checkbox"/>
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භාවිත ප්‍රකාශන Sharp

භාවිත ප්‍රකාශන Blunt

භාවිත ප්‍රකාශන Other (Specify)

15. මෙෂ්‍ය/මෙෂ්‍ය/ඇඳුව (අදාළ භාවුන් සෙවී ඇත්තා යොදාන්ත) Alcohol/Drugs (Initial appropriate cage)

16. සිංහල පැවැත්‍ර Remarks

පරීක්ෂණ යෙදා ඇත්තා තියෙ/තුරු/Signature of Medical Officer

නම Name }

භාවාරු Designation }

Part A : (1-6) To be filled by Police Officer issuing MLEF					
1. Police Station :	2. Date of Issue :	3. MLEF No :			
4. Full Name of the Examinee:			JMO Ref No :		
5. Address of the examinee:			Case No :		
6. Police Officer issuing MLEF: Signature: Name :			Rank / Reg No. :		
Part B: to be filled by Medical Officer					
7. Admission: Date and time: Hospital :	8. Ward : BHT No. :	9. Examination Date and time: Place :			
10. Nature of bodily harm:  Abrasion <input type="checkbox"/> Contusion <input type="checkbox"/> Laceration <input type="checkbox"/> Stab <input type="checkbox"/> Cut <input type="checkbox"/> Fracture <input type="checkbox"/> Gun shot <input type="checkbox"/> Burn <input type="checkbox"/> Bite <input type="checkbox"/> Dislocation/Subluxation <input type="checkbox"/> Explosion <input type="checkbox"/> None <input type="checkbox"/>					
11. Others (specify):					
12. Age of wounds: Fresh <input type="checkbox"/> Recent/healing <input type="checkbox"/> Old/healed (scars) <input type="checkbox"/>					
13. Causative agent / Weapon (Initial appropriate cage): Blunt <input type="checkbox"/> Sharp <input type="checkbox"/> Firearm <input type="checkbox"/> Explosion/Blast <input type="checkbox"/> Other <input type="checkbox"/>					
14. Category of Hurt: Non-grievous <input type="checkbox"/> Grievous <input type="checkbox"/>	15. Medical Condition of the examinee affecting the life Endangering Life <input type="checkbox"/> Fatal in the ordinary course of nature <input type="checkbox"/>				
16. Examination for consumption of alcohol: Breath smelling <input type="checkbox"/> Under influence <input type="checkbox"/> No clinical features <input type="checkbox"/>	17. Examination for consumption of drugs: Consumed <input type="checkbox"/> Under influence <input type="checkbox"/> No clinical features <input type="checkbox"/>				
18. Findings of examination for alleged sexual assault Features of penetration of genitalia were present <input type="checkbox"/> Features consistent with intra labial penetration were present <input type="checkbox"/> Features consistent with anal penetration were present <input type="checkbox"/> Features consistent with oral penetration were present <input type="checkbox"/> No medically detectable sings can be anticipated according to the given history <input type="checkbox"/>					
17. Remarks & Opinions :	Signature of the Medical Officer : Full Name Designation :				

## 10 . Nature of bodily harm:

Abrasion	<input type="checkbox"/>	Contusion	<input type="checkbox"/>	Laceration	<input type="checkbox"/>	Stab	<input type="checkbox"/>
Cut	<input type="checkbox"/>	Fracture	<input type="checkbox"/>	Gun shot	<input type="checkbox"/>	Burn	<input type="checkbox"/>
Bite	<input type="checkbox"/>	Dislocation/ Subluxation	<input type="checkbox"/>	Explosion	<input type="checkbox"/>	None	<input type="checkbox"/>

## 11. Others (specify):

## 12. Age of wounds:

Fresh	<input type="checkbox"/>	Recent /healing	<input type="checkbox"/>	Old /healed (scars)	<input type="checkbox"/>
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## 13. Causative agent / Weapon (Initial appropriate cage) :

Blunt	<input type="checkbox"/>	Sharp	<input type="checkbox"/>	Firearm	<input type="checkbox"/>	Explosion/Blast	<input type="checkbox"/>	Other	<input type="checkbox"/>
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## 14. Category of Hurt :

Non -grievous	<input type="checkbox"/>
Grievous	<input type="checkbox"/>

## 15. Medical Condition of the examinee affecting the life

Endangering Life	<input type="checkbox"/>
Fatal in the ordinary course of nature	<input type="checkbox"/>

## 16 . Examination for consumption of alcohol:

Breath smelling	<input type="checkbox"/>
Under influence	<input type="checkbox"/>
No clinical features	<input type="checkbox"/>

## 17 . Examination for consumption of drugs :

Consumed	<input type="checkbox"/>
Under influence	<input type="checkbox"/>
No clinical features	<input type="checkbox"/>

## 18. Findings of examination for alleged sexual assault

Features of penetration of genitalia were present	<input type="checkbox"/>
Features consistent with intra labial penetration were present	<input type="checkbox"/>
Features consistent with anal penetration were present	<input type="checkbox"/>
Features consistent with oral penetration were present	<input type="checkbox"/>
No medically detectable signs can be anticipated according to the given history	<input type="checkbox"/>

## 17. Remarks &amp; Opinions :

Signature of the Medical Officer :

Full Name

Designation :

දැන්ව නිති සංග්‍රහයේ 311 බැං වගන්තීය-

තෙන්ත සට්ටකොඩයින් 311 ඇම් පිරිව-

SECTION 311 OF PENAL CODE—

311. පහත දැක්වෙන තුවාල පමණක "බරපතල තුවාල" ලෙස තම් කරනු ලැබේ :-

(අ) අපෙරුශායනය :

(ආ) දෙපූදින් එක් දැඟක හෝ පෙනීම සඳහටම තැනි නිරිම හෝ දුරවල තිරීම :

(ඇ) දෙක්නින් එක් කණක හෝ දැඟීම සඳහටම තැනි නිරිම හෝ දුරවල තිරීම :

(ඈ) යම් අවයවයක හෝ සන්ධියක මූය කාරිත්වය තැනි නිරිම :

(ඉ) යම් අවයවයක හෝ සන්ධියක සැක්මිය විනාශ නිරිම හෝ සඳහටම දුරවල තිරීම :

(ඊ) සිය හෝ මුහුණ සඳහටම විරුප තිරීම :

(උ) අයියක්, කාට්ලේර හෝ දත්ත කුළීම හෝ ගාග නිරිම හෝ අයියක්, සන්ධියක හෝ දත්ත අවයනට තිරීම :

(ඌ) එවිනයට අන්තරායකාට වන යම් තුවාලයක් හෝ, යම් තුවාලයක ප්‍රතිඵලයක් වියෙන් උරු, උරු හෝ කපාල අභර විවෘත නිරිමට සිදුවෙන ලද කරුමයක් සිදුකරනු ලැබේ ද, රිවුනි තුවාලයක් :

(ඍ) යම් තුවාලයක් සේෂුකෙට ගෙන හෝ යම් තුවාලයක් තිබා කළ යුතු වූ ගෙන කරුමයක් සේෂුකෙට ගෙන, දින විදෙසක කාලයක් තදුල සාරිරික එදානු විදිමට සිදුකුරෙන හෝ තමාගේ සාමාන්‍ය කටයුතුවල තිරීමට නොහැඟි වන අන්දමේ යම් තුවාලයක් :

311. පිණ්වාරුම වෙශයෙන්තාන් කායන්කන මට්ටමේ "ක්‍රිමෙයාණවා" යාක ගුරිත්තුරෙක කපපැක්කීම් රන් :

311. The following kinds of hurt only are designated as "grievous" :—

- (a) emasculation ;
- (b) permanent privation or impairment of the sight of either eye ;
- (c) permanent privation or impairment of the hearing of either ear ;
- (d) privation of any member or joint ;
- (e) destruction or permanent impairment of the powers of any member or joint ;
- (f) permanent disfigurement of the head or face ;
- (g) cut or fracture, of bone cartilage or tooth or dislocation or subluxation of bone, joint or tooth ;
- (h) any injury, which endangers life or in consequence of which an operation involving the opening of the thoracic, abdominal or cranial cavities is performed ;
- (i) any injury which causes the sufferer to be in severe bodily pain or unable to follow his ordinary pursuits, for a period of twenty days either because of the injury or any operation necessitated by the injury.
- (j) කායප්පට්ටවර්ක්‍රු නැතින් කාරණ මාක අවලතු නැතින් අවසියාපුත් තප්පට් රුහුණුම් සත්තරාචිකිස්සෙයාපුරා මිශ්‍රුත නැත්කොන් කොණ්ඩ්බාරු කාලප්පරුතික්කු කළ

**අධිකරණ - ටෙවෙනු වාර්තාව**  
**සං වෙත්තිය අර්ථික කෑ**  
**MEDICO - LEGAL REPORT**

(Diagrammatic Form 1135 A may be used to illustrate injuries and inserted into this report when necessary)

අනුමත අංකය ගොන්ට අංකය Serial No.	අධිකරණ - ටෙවෙනු පිරික්ෂණ පත්‍ර අංකය සං වෙත්තිය පදිංචි දින. Medico-Legal Form No.
මහත්ස්‍යාංශ උයවිය නීතිමත්‍රම Magistrate's Court	නිකුත් කරන ලද දිනය දෙශපාත්‍ර දෙනි Date of Issue
නැංශ අංකය වෘත්ත දින Case No.	පොලීඩ් නිලධාරීය පොලීඩ් නිලධාරී Police Station
	නැංශ විභාග දිනය කොරෝන් නාම Dates of Trial

**ඒ. හඳුනා ගුණීම**

ඇ. අභ්‍යාර්ථකාතාව  
**A. IDENTIFICATION**

සම්පූර්ණ නම සාම්පූර්ණ නම Full Name	ස්වේච්ඡා නිවාස ස්වේච්ඡා නිවාස Residence	
වයය සෙවුම් Age	ඡේ/පුරුෂ ඡේ/පුරුෂ Female/Male	
ලිපිනය විවෘතය Address		
ඡරික්ෂණ සංඛ්‍ය පරිපාලන දින Place of examination	දිනය දෙනි Date	වෙළුව ඇතුළම Time
ඡර්හුලට දැනු නැංශ පෙනී දිනය සෙවුම් තියාගාලු මූල්‍ය පෙනී දිනය Date of admission to hospital		වෙළුව ඇතුළම Time
ඡර්හුල් පෙනී නැංශ පෙනී දිනය සෙවුම් තියාගාලු මූල්‍ය පෙනී දිනය Date of Discharge		
අයදු ඉහළන් අංකය ආර්ථික තියාගාලු පිට්‍රින් දිනය Bed Head Ticket No.		

**ඩී. රෝගීය විසින් දෙන ලද කෙටි ඉකිලාය**

එ. නොවාතියින් නැතුම් වර්ගය  
**B. SHORT HISTORY GIVEN BY PATIENT**

## **b) CLINICAL MEDICO LEGAL EXAMINATION-STEPS**

- (1) History from the patient, as to the circumstances that led to the present condition.**
- (2) Physical examination as regards Nature, Size, Shape, Disposition and Site of Injury.**
- (3) General Physical Examination.**
- (4) Conducting Relevant Investigations.**
- (5) Referral of Patients to Specialists, as necessary.**

## **MEDICO-LEGAL POSTMORTEM EXAMINATIONS**

These examinations are ordered by a Judge/Magistrate or an Inquirer-into-Sudden Deaths. They should be carried out promptly. Before performing the postmortem examination, the Medical Officer should see that the body is identified by two persons acquainted with the deceased.

The examination must be complete. The internal examination must include, opening into all body cavities and dissecting all organs therein.

All dissected internal organs must be put back into the body cavities and sewn up before the body is handed over to the relatives.

If the Medical Officer has removed any organs for further studies, he should make a note of such organs removed in the postmortem examination report.

- In Postmortem examinations where the cause of death is not established at the end of the examination, it is mandatory to take specimens from all vital organs for Histology (Preserved in 10% Formalin solution) and also to remove specimens for Toxicological analysis.
- Soon after the completion of the postmortem examination, the Cause of Death and other relevant opinions must be communicated to the Judicial Authority.
- The Medical Officer must enter all the postmortem examination findings in the Postmortem Examination Report Form (H 42).

**பஞ்சாந் மரண வார்தாவ  
பினச் சோதனை அறிக்கை**  
**POST-MORTEM REPORT**

மரண பரிசீலனை ஆணை விடுதலை இடம் நூதன இல்ல  
மாணவரியாக்கலை எண் } இடம் Place } நூதன இல்ல  
INQUEST No. } நூதன இல்லம் Courts }

திடை விடுதலை விடுதலை இடம் நூதன இல்ல  
திடை விடுதலை விடுதலை இடம் Date } விடுதலை விடுதலை இடம் CASE No. } விடுதலை விடுதலை இடம்

திடை விடுதலை விடுதலை இடம் நூதன இல்ல  
திடை விடுதலை விடுதலை இடம் விடுதலை விடுதலை இடம்  
Name of Deceased Person } விடுதலை விடுதலை இடம்

மரண கிடை விடுதலை விடுதலை இடம் நூதன இல்ல  
மரண கிடை விடுதலை விடுதலை இடம் விடுதலை விடுதலை இடம்  
Date and time of Death, (if known) } விடுதலை விடுதலை இடம்

பஞ்சாந் மரண பரிசீலனை ஆணை விடுதலை விடுதலை இடம்  
பினச் சோதனை செய்த விடுதலை விடுதலை விடுதலை இடம்  
Name of Medical Officer who conducted the Post-Mortem Examination } விடுதலை விடுதலை இடம்

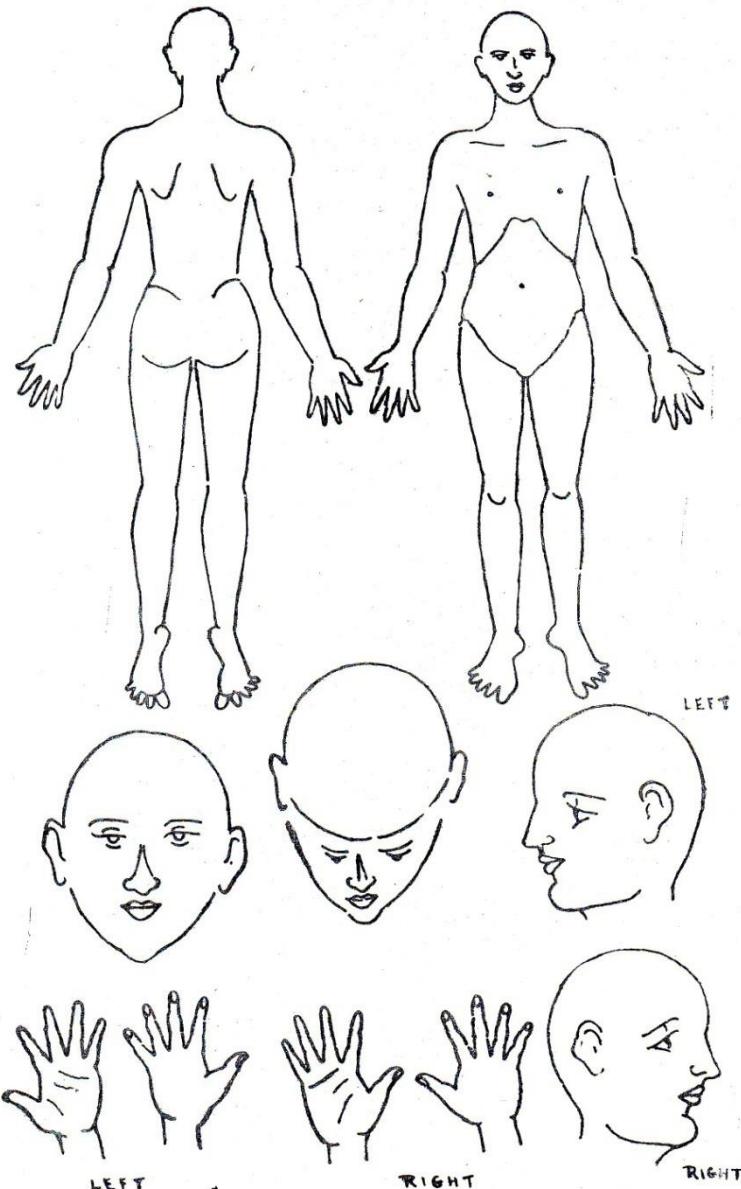
பஞ்சாந் மரண பரிசீலனை ஆணை விடுதலை விடுதலை இடம்  
பினச் சோதனை செய்த விடுதலை விடுதலை இடம்  
Date and time of Post-Mortem Examination } விடுதலை விடுதலை இடம்

பஞ்சாந் மரண பரிசீலனை ஆணை விடுதலை விடுதலை இடம்  
பினச் சோதனை செய்த விடுதலை விடுதலை இடம்  
Name and designation of the Person who requested the Post-Mortem Examination } விடுதலை விடுதலை இடம்

நூதன இல்லம் விடுதலை விடுதலை இடம் நூதன இல்ல  
மாணவரியாக்கலை எண் } விடுதலை விடுதலை இடம்

பஞ்சாந் மரண பரிசீலனை ஆணை விடுதலை விடுதலை இடம்  
பினச் சோதனை செய்த விடுதலை விடுதலை இடம்  
Place of Examination } விடுதலை விடுதலை இடம்

நூதன இல்லம் விடுதலை விடுதலை இடம் நூதன இல்ல  
மாணவரியாக்கலை எண் } விடுதலை விடுதலை இடம்  
பெயர் விடுதலை விடுதலை இடம்  
Names and Addresses of Persons who  
identified the body } விடுதலை விடுதலை இடம்



- All Medico-Legal Postmortem Examinations **should be carried out in Mortuaries** with basic facilities like a postmortem table, running water and adequate light.
- Such examinations **should not be carried out after sunset in artificial light.**
- However if the Medical Officer is of the opinion that the delay in keeping the body overnight will adversely affect the Medico-Legal investigation, then he may carry out such investigation provided there is adequate artificial light.

# EXHUMATIONS

- Acting under Section 373 (2) of the Criminal Procedure Code, a Judicial Authority may order a Government Medical Officer to exhume a body and carry out a postmortem examination.
- An inexperienced Medical Officer may not be competent to carry out a postmortem examination on an exhumed body.
- In such situations, a **Medical Officer may carry out only the exhumation of the body** and advise the Judicial Authority to refer the postmortem examination to a Judicial Medical Officer.

## **VISITS TO SCENES OF CRIME**

- All Medical Officers must visit scenes of crime at the earliest opportunity if such a request is made by a Police Officer or a Judicial Authority. Failure or delay in visiting a scene of crime can result in loss of Scientific Data vital for the investigation.

## DYING DECLARATIONS

- In the case of serious injury following intentional violence where, in the opinion of the Medical Officer, the patient may die before his statement is recorded by a Police Officer, then the Medical Officer in-charge of the Institution must **inform the Magistrate of the area through the Officer-in-charge of the nearest Police Station** to record the dying declaration of the patient.
- If however, death is imminent then the Medical Officer-in-charge of the Institution must **take down in writing the statement made by the person seriously injured with particular reference to the name of assailant, nature of weapon used and place, date and the time of sustaining such injuries.**

## **REPORTS, RECORDS AND FEES**

- (1) All notes of examinations must be made **clearly and legibly**, in **the prescribed forms**.
- (2) All reports sent to Courts or any other Judicial Authority **must be in duplicate**. A copy must be kept by the Medical Officer.
- (3) Notes and reports of examinations made by the Medical Officer, is his/her personal property and **must be kept under lock and key**. The Medical Officer should take it with him/her when he/she is transferred to another Institution.
- (4) All notes and reports **must be preserved for at least 25 years**.

- (5) Bed Head Tickets, X-rays and other reports pertaining to Medico Legal cases must be preserved in the institution for a period of at least 25 years.
- (6) On receipt of the notice or summons from a Judicial Authority to forward a report to Court or when a request for a report is made by the Attorney General or the Police Department, the Medical Officer must make such report available without delay.
- (7) Private Medical Reports (MLR & PMR) can be issued only at the written request of the affected person or his next of kin when such person is severely disabled or dead. A private Medical Report cannot be issued to a third party.

(8) Separate Registers must be maintained for

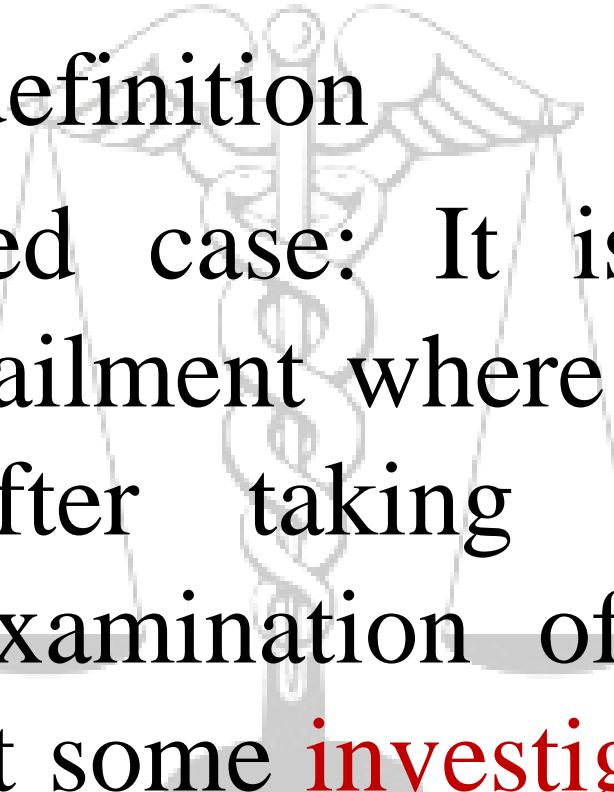
(a) Clinical Medico-Legal Examinations

(b) Postmortem Examinations

(9) Fees are payable by the respective High Courts for submitting Medico-Legal Reports to Courts (H-1135) after the examination of a patient and for conducting and submitting a report in H-42 after postmortem examinations, under section 373 (1) & the Criminal Procedure Code.

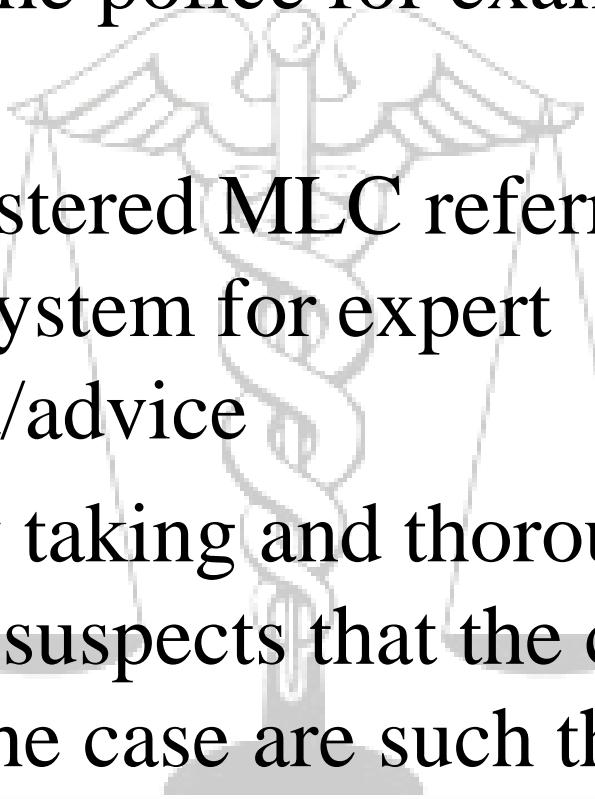
# WHAT IS A MEDICO-LEGAL CASE?

- No legal definition
- Pre-labeled case: It is a case of injury or ailment where an attending doctor after taking history and clinical examination of the patient thinks that some **investigation by law enforcing agencies** is essential.



# A doctor can receive a medico-legal case—

- Brought by the police for examination and reporting.
- Already registered MLC referred from other health care system for expert management/advice
- After history taking and thorough examination, if the doctor suspects that the circumstances/ findings of the case are such that registration of the case as an MLC is warranted
- Directive of court.



- ML cases may be

- A). Clinical
- B). Pathological

### **A). Clinical forensic medicine-**

1. Injury description, dating of injuries, giving scientific opinion on causative weapon/s, deciding the category of hurt.
2. Age estimation
3. Calculation of degree of disability for insurance purposes

- 4. Opinion on circumstances – self infliction/accidental etc
- 5. Assessment of mental state
  - Criminal
  - Whether fit to plead
  - Testamentary capacity
  - Ability to give valid consent

- 6. Examination & reporting of
  - sexual abuse cases
  - Torture
  - GBV
  - firearm & explosives
  - Criminal Abortion
  - Child abuse
  - Alcohol intoxication

- 7. medical negligence
- 8. Compensation
- 9. Medical Ethics

## **B). Forensic Pathology:**

- Perform autopsy & answer the followings:
- 1. COD When there are injuries (unnatural deaths)
- 2. COD in Sudden unexpected deaths
- 3. Causation of injuries - force, position of victim & assailant etc.

## **Purpose of postmortem examination:**

- 1. Collect evidence for Identification
- 2. Arrive at COD
- 3. If there are injuries – Nature, size, site, shape & category of hurt
- 4. Time since death
- 5. Evidence of poisoning
- 6. Detect pre-existing diseases and their contribution to the death

- 7. Manner of death
- 8. Infant deaths – IUD/ death during delivery/death following injuries
- 9. Collecting samples for analysis
- 10. prepare a comprehensive report to the courts
- 11. Reports for insurance purposes
- 12. supporting for public health & safety.

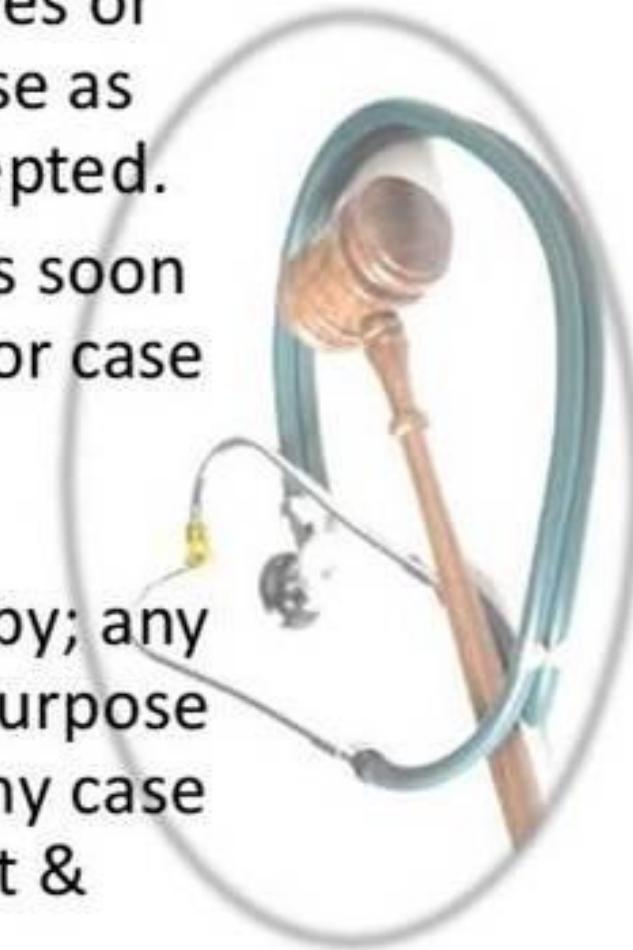
# Medico-Legal duties

(Any doctor)

- Identify the medico-legal cases
- Inform police/JMO
- Collecting and preserving trace material that can be lost.
- Taking consent
- Witness in reporting dying declaration
- Duty of care

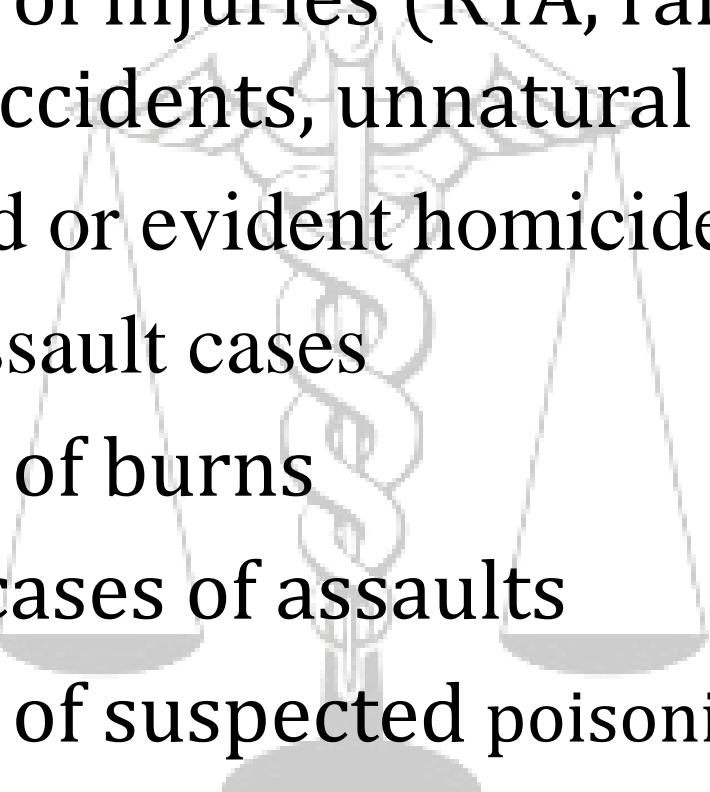
# MEDICO-LEGAL CASE

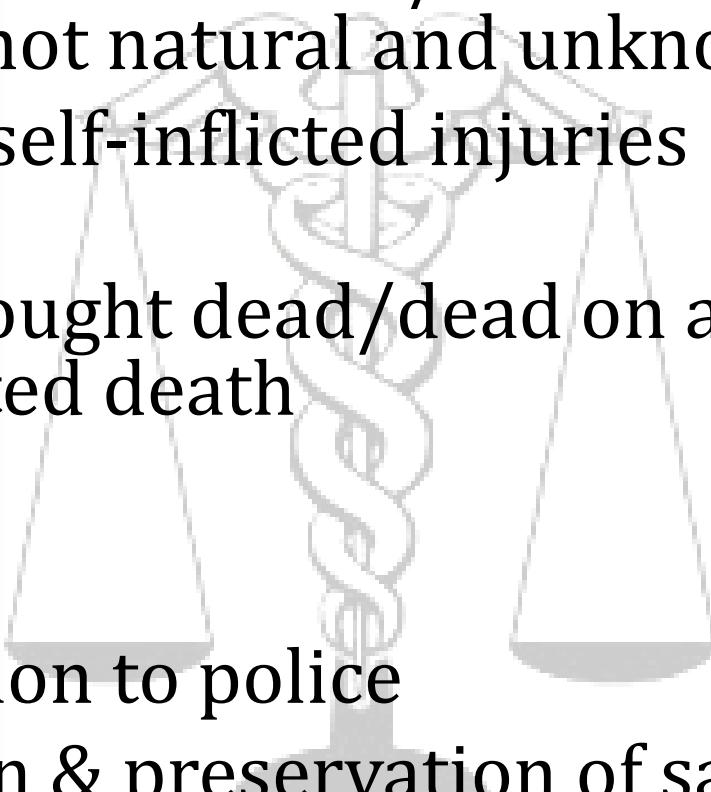
- Request of the patient or relatives or friend for not registering the case as medico legal should not be accepted.
- The MLC should be registered as soon as physician suspect's foul play or case brought several days after the incident.
- The MLC is received in hospital by; any case brought by police for the purpose of examination & reporting & any case referred for expert management & advice.



# **Medico-Legal Cases**

## **When to Inform Police & JMO**

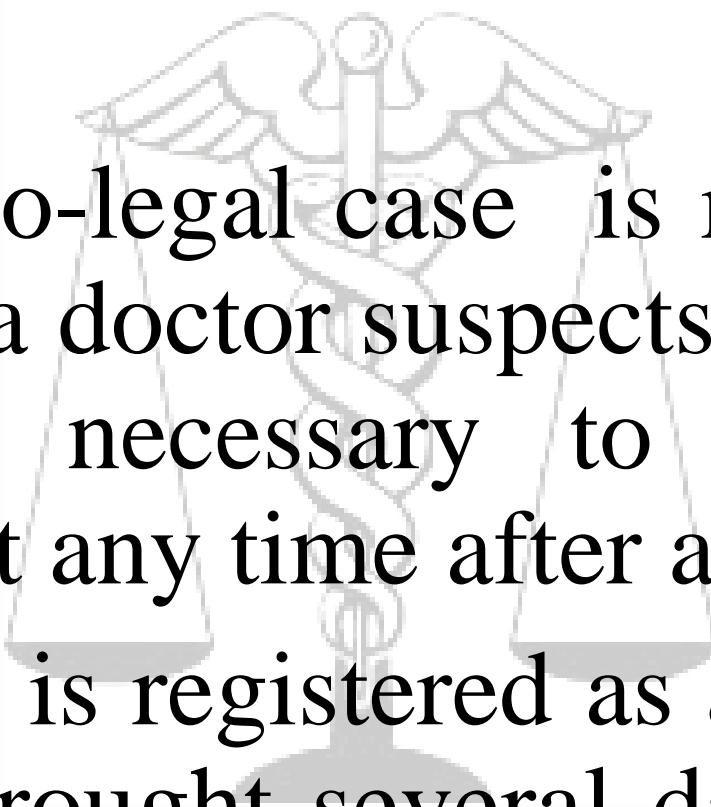
- 
1. All cases of injuries (RTA, rail accidents, factory accidents, unnatural mishaps)
  2. Suspected or evident homicides or suicides
  3. Sexual assault cases
  4. All cases of burns
  5. Alleged cases of assaults
  6. All cases of suspected poisoning/intoxication
  7. Cases referred from court

- 
8. Cases of suspected/evident criminal abortion
  9. Cases of unconscious/comatose where its cause is not natural and unknown
  10. Cases of self-inflicted injuries or attempted suicide
  11. Cases brought dead/dead on arrival/sudden unexpected death

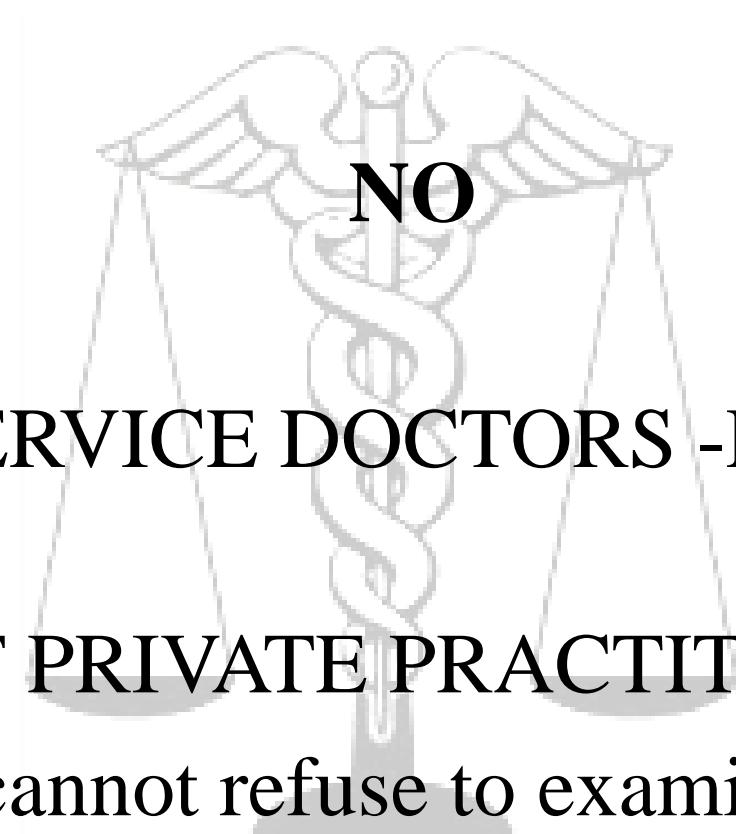
Need to do:

1. Notification to police
2. Collection & preservation of samples
3. In critical cases - Recording of dying declaration.

# Time limit for registering a Medico legal case

- 
- A medico-legal case is registered as soon as a doctor suspects foul play or feels it necessary to inform the police, at any time after admission.
  - A case is registered as a MLC even if it is brought several days after the incident.

# Can a doctor refuse to attend MLC ?



- GOVT SERVICE DOCTORS -DUTY BOUND
- ROLE OF PRIVATE PRACTITIONERS?
- A doctor cannot refuse to examine medico legal case on the basis of being a private practitioner or citing a jurisdiction problem.



## Type of consent

1. Implied Consent



2. Expressed consent: (verbal written)



# Informed consent:

- Informed consent in ethics usually refers to the idea that a person must be fully informed about and understand the potential benefits and risks of their choice of treatment.
- If the patient is incapacitated, next of kin make decisions for them.
- The value of informed consent is closely related to the values of autonomy and truth telling.

# Consent

- Consent must be given voluntarily
- If patient is not mentally capable (critical patients) informed consent should be obtained from surrogate or legal next of kin.
- It should be given by a person of sound mind & above the age of 18 years.
- Requires the disclosure of basic information considered necessary for decision making
- Patients providing consent should be free from pain & depression.



- Take consent of patient or relative (if patient is unconscious/minor/mentally ill) for any kind of procedure/treatment.
- Allow the relative to be with the patient if indicated.
- Avoid answering enquiries to insurance agents.
- The condition of the patient should be reported verbally only.
- Do not provide information to police/media or any other public agent.
- The Director of the hospital has the power to divulge the information to other party.

# DETAILS OF EXAMINATION

Alleged history – what, who, when, where ?

- To be precise and to the point
- Legibly/clearly written
- Description of injuries
- Abbreviations avoided
- When in doubt consultation obtained
- Minor injuries also noted in case of polytrauma / multiple injuries

# COLLECTION AND PRESERVATION OF SAMPLES

- Gastric lavage/ vomitus in poisoning cases
- Blood in alcoholic/poisoning cases/drug abuse or for DNA test
- Clothes in assault/injury/fire-arm/burn cases
- Nail clippings in assault/rape cases
- Pellets/bullet etc. if recovered
- Vaginal swabs/public hair in rape cases
- Swabs in un-natural sexual offence cases
- Swabs from fire-arm entry wounds
- Washing from hands in fire-arm suicide cases

- Urine for pregnancy test in rape cases
- Undergarments
- Swabs from glans penis in rape/unnatural sexual offences
- Swab from bite marks for blood/DNA test
- Nails and hair in chronic poisoning of heavy metals
- Any other material which may be useful in investigation
- Any other exhibit e.g. bottle of poison or tablet or weapon if recovered should be properly labeled and sealed. It is essential to give sample of seal on separate cloth/paper putting initials. The endorsement of sample of seal should also be made in MLR.

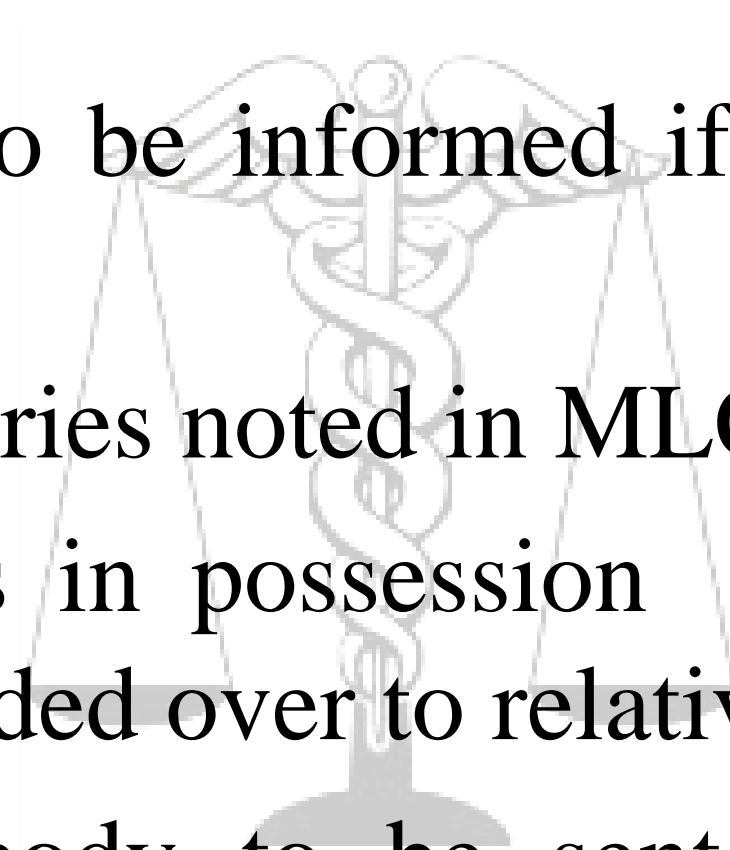
# **Death of a person admitted as a medico-legal case**

**The following are the do's and don'ts in case a person admitted as a medico-legal case expires.**

- Police Informed immediately.
- Body sent to the hospital mortuary for preservation, till the legal formalities are completed and the police releases the body to the lawful heirs.
- Death certificate not issued – even if the patient was admitted.
- Dead body never released to the relatives directly

# BROUGHT IN DEAD PATIENTS

- Police to be informed if not already done
- No injuries noted in MLC record
- Articles in possession documented and handed over to relatives/police
- Dead body to be sent to hospital mortuary

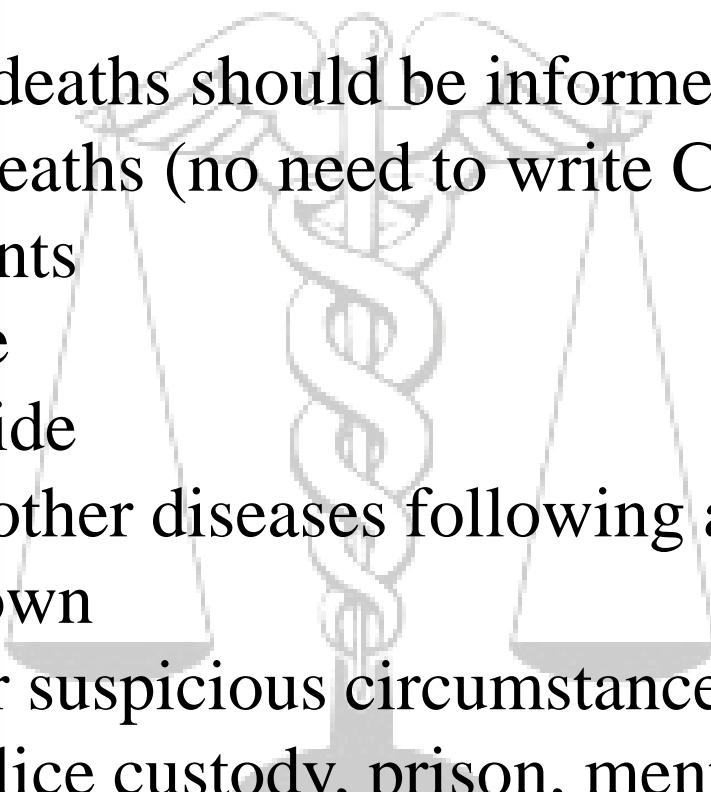


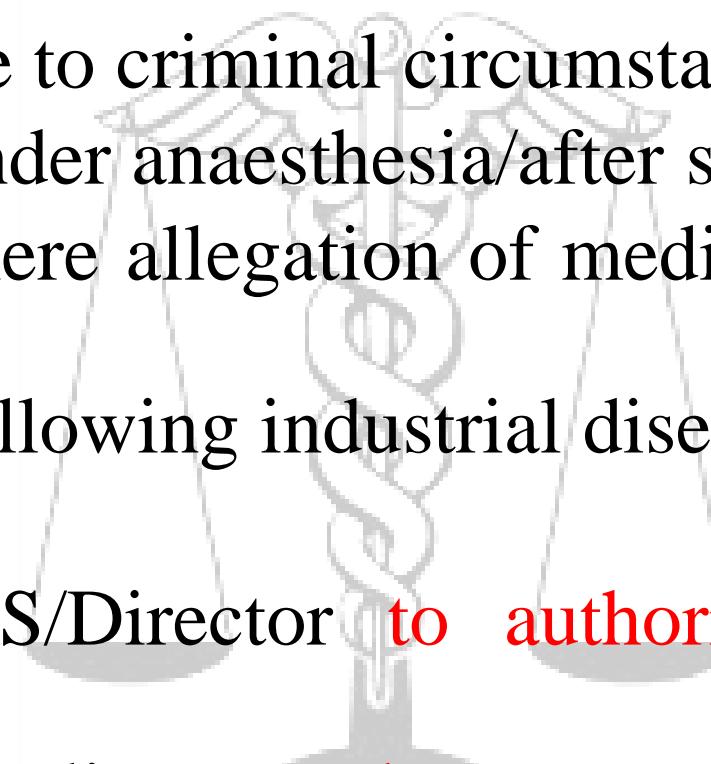
# In case of a death in ward

- Confirm death – Date and time
- Write the cause of death or probable cause of death
- Sign and write your name
- Declaration of Death should be issued (only in natural deaths)
- Summarise the presentation/history/medical and surgical procedures/treatment/diagnosis/causation of death and write to the MS/Director and send BHT to MS/Director's office.

# Requesting an Inquest:

The following deaths should be informed to the police:

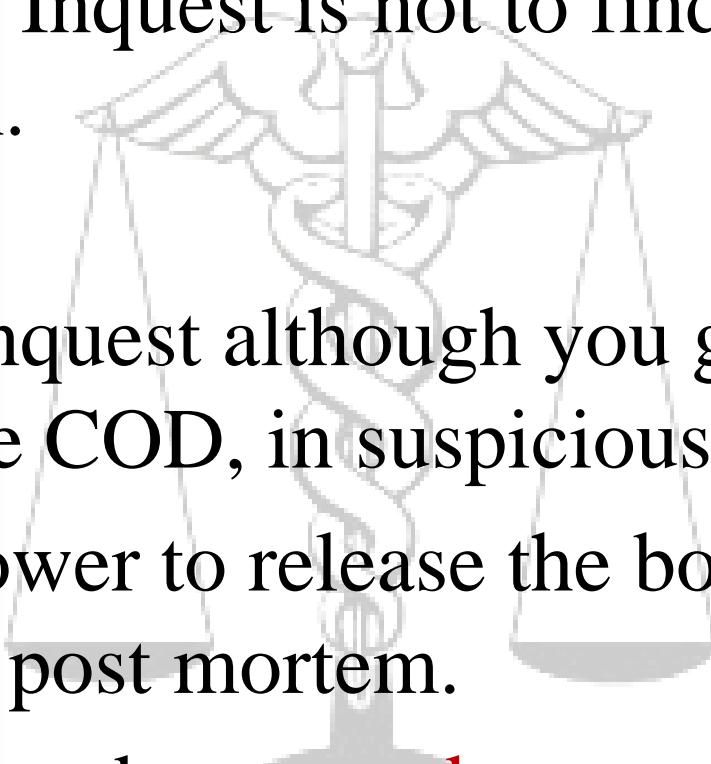
- 
1. Unnatural deaths (no need to write COD)
    - Accidents
    - Suicide
    - Homicide
  2. Rabies and other diseases following animal attack
  3. COD unknown
  4. Death under suspicious circumstances
  5. Death in police custody, prison, mental hospital, leprosy hospital,

- 
6. Death due to tetanus
  7. Death due to criminal circumstances – abortion
  8. Deaths under anaesthesia/after surgery
  9. Death where allegation of medical negligence is levelled.
  10. Deaths following industrial diseases

Write to MS/Director to authorize to hold the inquest.

Write to the police to make arrangements to hold the inquest.

- Purpose of Inquest is not to find fault with staff and punish.
- Order an inquest although you give the COD or probable COD, in suspicious cases.
- ISD has power to release the body without requesting post mortem.
- It is not your duty to **order** a post mortem.

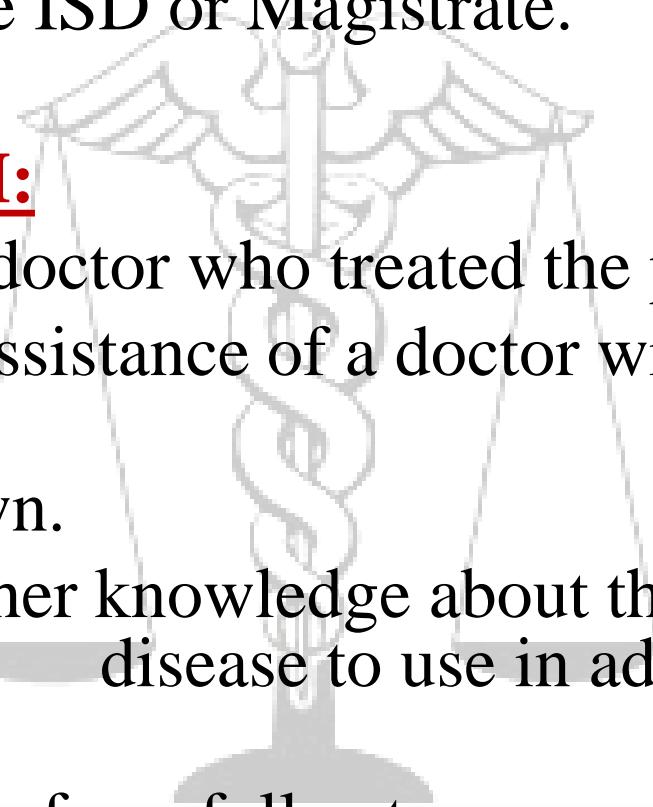


## **Judicial PM:**

- Done by JMO/MO (ML)/ DMO or designated MO on the order of the ISD or Magistrate.

## **Pathological PM:**

- Done by the doctor who treated the patient.
- Can get the assistance of a doctor with experience in autopsy.
- COD is known.
- Aim is to gather knowledge about the pathological process of the disease to use in advancement of the science.
- No need to perform full autopsy.
- Need to get the consent of relations.



Cause of Death	Approximate interval between onset and death
<b>I</b>	
Disease or condition directly leading to death*	(a) _____ due to (or as a consequence of)
<i>Antecedent causes</i>	(b) _____
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	due to (or as a consequence of) (C) _____ due to (or as a consequence of)
	(d) _____
<b>II</b>	
Other significant conditions contributing to the death, but not related to the disease or condition causing it.	_____

\*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.

Source : Reference No. 6

Fig. 1 : International form of medical certificate of cause of death.

ଓଡ଼ିଆ ଜ୍ଞାନକାଳ  
.wg;G gprujpf;fpid  
DECLARATION OF DEATH

ଜିଲ୍ଲା  
Kt;Lk;  
District

ଅଧିକାରୀ  
It;J;jamly  
Hospital

ଥିଲ୍.y  
Ward No.

ବେଶମାଳା ଓ ପରିବାର ବେଶମାଳା / .wg;gpw;Fs;shd egupd; tpguq;fs; / Information of deceased									
1. ପରିବାର ନାମ KOg;ngau; Full name									
2. ମୃତ୍ୟୁ ତାରୀଖ ,we;] jpfpj Date of death	ବେଶ tUlg;fs; Year	ମୂର khijq;fs; Month	ବେଶ eh;fs; Days	3. ମୃତ୍ୟୁ ବେଶ ,we;] nghOJ taj Age at death	ବେଶ tUlg;fs; Year	ମୂର khijq;fs; Months	ବେଶ eh;fs; Days	ବେଶ kappj;physf; Hours	
4. ଲୋକ - ସ୍ତର ନାମ ghy; Sex		6. ବେଶ tjptlk; Residence	ବେଶ Ktup Address						
5. ଜ୍ଞାନକାଳ dtu;t;K; Race		ବେଶମାଳା ଉପରେ ଆବଶ୍ୟକ gpruNj rrayhsu; gpruT Divisional Secretariat Division							

ବେଶମାଳା କାରଣ ବେଶ ,wg;gpw;f; thuzk;			ବେଶମାଳା କାରଣ ବେଶ wg;gpw;f; thuzk;	ବେଶମାଳା କାରଣ ବେଶ wg;gpw;f; thuzk;
i. ଅନ୍ତର୍ଦୀପ ବେଶ / oldbt; thuzk;/immediate cause				
I ମୃତ ଦିଗ ମୃତ ମା ନିରାମ୍ଯ କରିବ Kt;du; .Ue; thuzk; kw;Wk; mbg;glf; thuzk; Antecedent causes and underlying cause	ii. ମୃତ୍ୟୁରେ (ଏହି କାରଣରେ ମୃତ୍ୟୁ) / thuzkhf (my;yJ tpisthfk;) Due to (or as a consequence of)			
	iii. ମୃତ୍ୟୁରେ (ଏହି କାରଣରେ ମୃତ୍ୟୁ) / thuzkhf (my;yJ tpisthfk;) Due to (or as a consequence of)			
	iv. ମୃତ୍ୟୁରେ (ଏହି କାରଣରେ ମୃତ୍ୟୁ) / thuzkhf (my;yJ tpisthfk;) Due to (or as a consequence of)			
	II	ବେଶମାଳା କାରଣ / Kt;da thuzk; / Contributory causes		

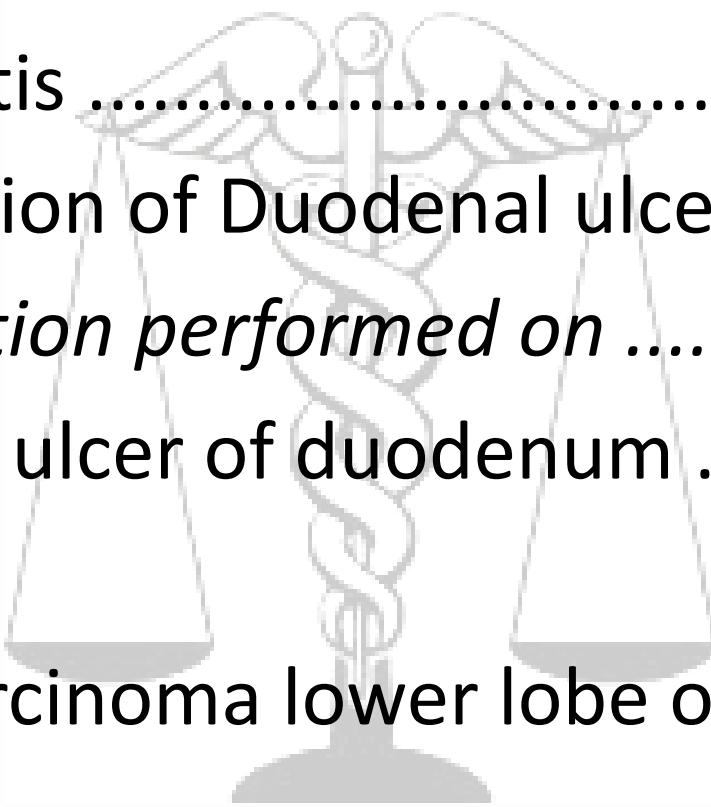
ବେଶ ମାତ୍ରାମାତ୍ରା କାମ କରିବ / Jha;t;Fupa ,wg;ghapd; / Whether maternal death or not			ବେଶ Mk; Yes	ବେଶ .YJY No
ବେଶ ମାତ୍ରାମାତ୍ରା କାମ କରିବ ଏହି ବେଶମାଳା ମାତ୍ରାମାତ୍ରା କାମ କରିବ / taj tUlg;fs; 49 w;F Fwltwd ngz; ,djhapd; Kt;Lk; .e; gFjrapid G+u;]jp nra;t/ This part should be completed only in case of a death of a female under 49 years of age. (ଏହି କାରଣରେ ମୃତ୍ୟୁ ହେଲାକାରୀ /cupa 3t;Dk; " milansj;jpid ,Tk; /Mark " in relevant box)				
(1) କାମିକାରୀ କାମ କରିବିଲୁବେଶ (ଏହି କାରଣରେ ମୃତ୍ୟୁ ହେଲାକାରୀ) / ,wg;G epfo; nghOJ mtu; gpe;ls gprurpt;f (fu;g;gpzp) ,Ue;]huh? / Was she expecting a child (pregnant) at the time of death?				
(2) ଦୀର୍ଘକାଳୀନ କାମିକାରୀ କାମ କରିବିଲୁବେଶ (୫୨୩ଦିନରେ ମୃତ୍ୟୁ) / ml;thwpd;Nwv>,wg;gpw;F Kt;du; 6 tpokf; (42 eh;fs;) cs;shf mtu; %y; gpe;ls gprurpt;f(g;g;)h? / If not, Did she deliver a child within 6 weeks (42 days) before to the date of death?				
(3) ଅନ୍ତର୍ଦୀପ କାମ କରିବିଲୁବେଶ (୫୨୩ଦିନରେ ମୃତ୍ୟୁ) / ml;thwpd;Nwv>,wg;gpw;F Kt;du; 6 tpokf; (42 eh;fs;) cs;shf fUr;rpjtlle;js;sj? / Or Did she has an abortion within 6 weeks(42 days) before to the date of death?				
(4) କାମିକାରୀ କାମ କରିବିଲୁବେଶ (୫୨୩ଦିନରେ ମୃତ୍ୟୁ) / gpe;ls gpwg;G my;yJ Ur;rpjtlle;J ,wg;G epfo;tw;F V;lid eh;fs;F Kt;du;g? (eh;tpd; v;zp;f) / Length of time from delivery or abortion to death. (No. of days)				

ମୁଁ ଏହି ବେଶମାଳା କାମ କରିବ ଏହି ବେଶମାଳା କାମ କରିବ ହେଲାକାରୀ କାମ କରିବ. / Nkw;Fwpwg;gplg;gl; tpaq;fs; cz;lkahdit vdTk; rupahdit vdTk; .jjhy;  
gprujpf;tpid gl;];fpd; Nwv; / I do hereby declare the above to be a true and correct statement.

ଜାମାନା  
Jptk;  
Date /

ବେଶମାଳା କାରଣ ବେଶମାଳା କାରଣ ବେଶମାଳା କାରଣ  
gprujpf;tpid toq;pa It;jpaupd; xg;gKk; gJp K;jpluAk;  
Signature and the seal of Doctor

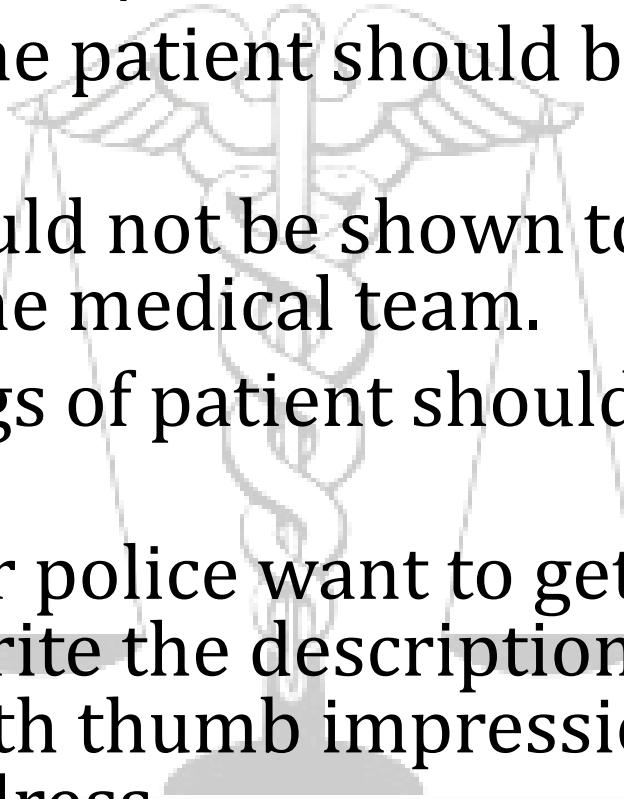
B 33

- 
- I   a. Peritonitis ..... 3 days
  - b. Perforation of Duodenal ulcer .. 1 week  
*(operation performed on .... )*
  - c. Chronic ulcer of duodenum ..... 4 years
- 
- II Oatcell carcinoma lower lobe of left lung



# Admission & discharge of ML cases

- Inform → Police/JMO
- Records of the patient should be kept under lock & key.
- Records should not be shown to other people other than the medical team.
- All belongings of patient should be kept under safe custody.
- If relatives or police want to get the belongings of patient → write the description of belongings → signature with thumb impression/relationship>ID number/Address
- If there are collected body discharges, inform JMO before throwing.



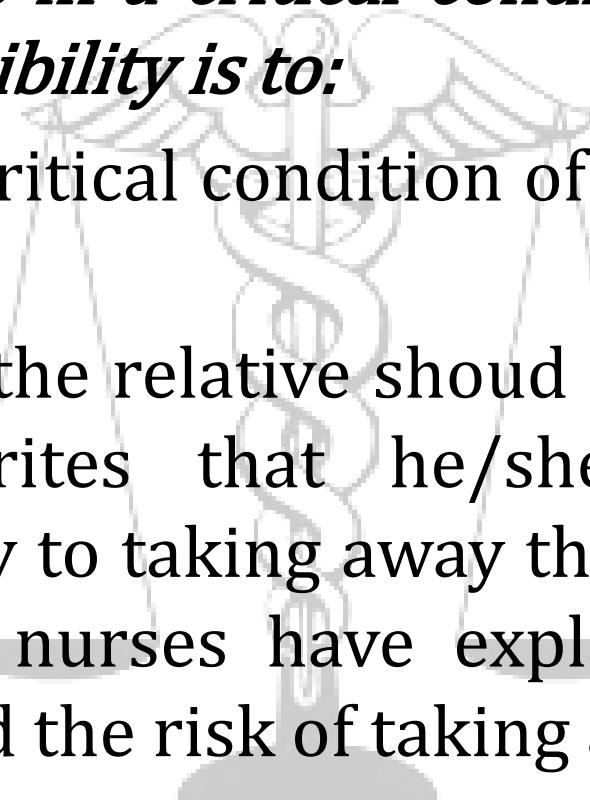
# Admission & discharge of ML cases

- If MLEF is issued to a patient, the doctor/nurse cannot ask him to write on BHT “*mata nadu awashya nehe*” / “*Niithimaya katayuthu awashya nene*” and sign and go.
- If the patient is in hurry, immediately call the JMO to see before discharge.
- LAMA – is a patient’s right. If a MLEF is issued to patient advise him/her to go after seeing by JMO.
- “Missing” from ward cannot be prevented. But the ward staff is responsible for that.

# LAMA (Leave Against Medical Advice)

*If the patient is in a critical condition, as a doctor,  
your responsibility is to:*

- Explain the critical condition of the patient to the relatives
- Signature of the relative should be taken in which he/she writes that he/she is taking full responsibility to taking away the patient, that the doctors and nurses have explained the critical condition and the risk of taking away the patient.
- In Transfer/LAMA, Diagnosis card or the management/investigations done should be provided to the patient.



# **Allowing the patient to go out and come back to the ward:**

- Write to Director/MS indicating the necessity and period of time (only for a few hours) and got the permission.
- Note down the time left.
- Note down the time came back.
- Over night stay is not allowed.
- Check whether the close relations are aware of the necessity of going away.
- If the patient comes on the following day, new BHT should be issued.

# Admission & discharge of ML cases

## *On Discharge*

- If patient is transferred from one ward to another or any other hospital it should be clearly entered and signed.
- Name and address of the relative should be noted before allowing the patient to leave hospital.
- Original BHT or copy of BHT should not be given to any person.
- Signature of the patient/relative should be taken on BHT before leave

# Examination of Female patient

*When a female patient is being examined by a male doctor, chaperon (nurse )must be available.*

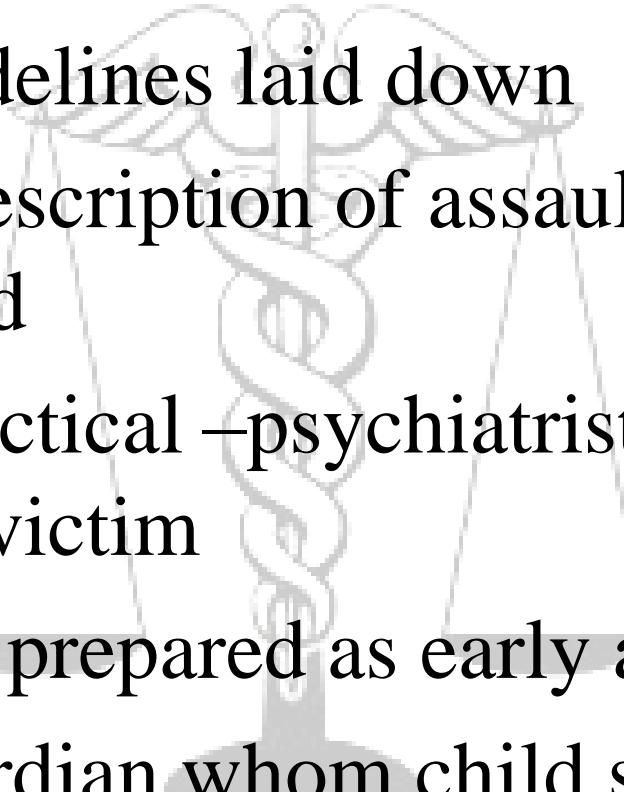
- Maintain the total privacy during medical examination.
- Expose the patient as little as possible
- Protect the rights of the patient if she refuses to be examined by a male doctor
- Repeated examination of breast, abdomen and perineal parts of patient unnecessarily should be avoided.

# In case of sexual abuse

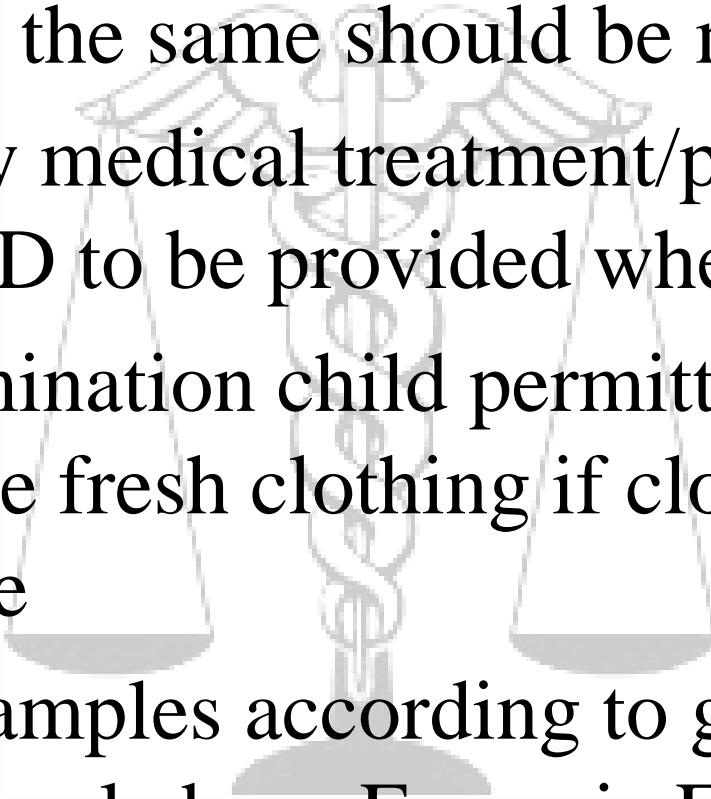
- Use standard protocols and guidelines
- Preserve samples-DNA profiling
- Emergency Contraception if required
- Treatment /prophylaxis as required
- Opinion
- Referrals to other specialists for management

# **CHILD ABUSE/ SUSPECTED VICTIMS OF SEXUAL ASSAULT/ABANDONED CHILDREN**

- Use the Guidelines laid down
- A detailed description of assault/abuse history be mentioned
- As far as practical –psychiatrist help be made available to victim
- Report to be prepared as early as possible
- Parents/ guardian whom child should trust should be allowed to be present



- In case of results of examination are likely to be delayed the same should be mentioned
- Emergency medical treatment/prophylaxis against STD to be provided when necessary
- After examination child permitted to wash up and provide fresh clothing if clothing is taken as evidence
- Preserve samples according to guidelines – SAFE [Sexual abuse Forensic Evidence] Kit provided in Govt. hospitals



# **MLC Injury Report**

- Must be prepared on the appropriate form
- Should be written in a neat and legible handwriting by the examining doctor
- Report should be completed as early as possible after examining the person
- Time of examination along with date
- Where nature of injury cannot be ascertained, patient must be kept under observation and admitted in ward
- General physical examination should always be undertaken & findings recorded
- Opinion will depend on X-ray & other

## Summons

- It is the document compelling the attendance of the witness in the Court of law under penalty, on a particular day, time and place, for the purpose of giving evidence.

- While going to the court to attend the summons, a doctor may require to bring the necessary documents, books, or other things under his control as he is bound by the law to bring such things for the purpose of giving evidence.
  
- It is issued by the Court in writing, in duplicate (two copies) signed by the presiding officer of the Court and bears the seal of the Court.



- If the witness is having the valid reason then he is excused from attending the summons in the Court.
- Ideally the witness is excused maximum of two times from attending the summons if he is having valid reason.
- Repeated failure to attending the summons more than two time may without proper justifiable reason may attempt the Court to issue bailable or nonbailable warrants to secure the presence of the witness.

- Similarly, higher Courts are having priorities over lower Courts. But in all these circumstances the witness should inform to the Court in which he is not attending.
- What if the summons is receive from two Courts of the same status?
- then he should attend the Court from where he received the summons first.
- thereby informing the other Court about it.
- Thereafter if he is relieve early and is having time to attend the other Court then he can attend the other Court.

## Conduct Money



It is the fee offered or paid to a witness in the civil cases, at the time of serving the summons to meet the expenses towards attending the Court.

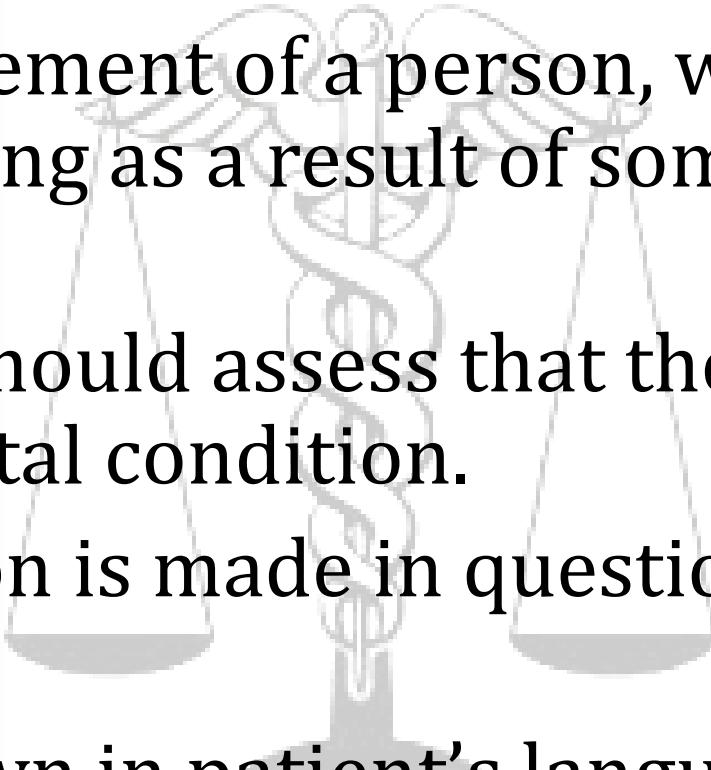
In criminal cases, no fee is paid to the witness at the time of serving the summons.



He must attend the Court and give the evidence because of the interest of the state in securing the justice, otherwise he will be charged with contempt of Court.

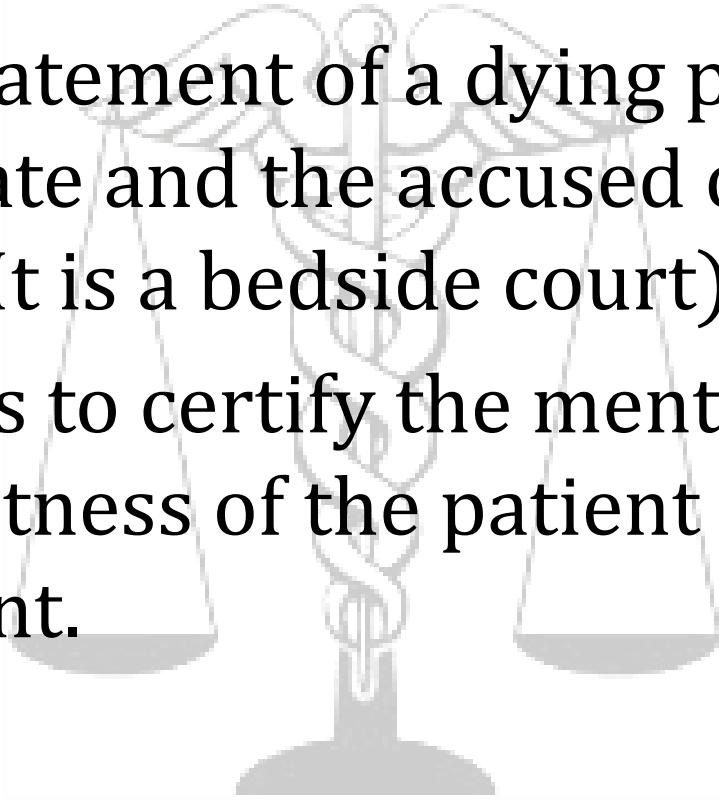
# Dying declaration

- It is a statement of a person, written or oral, who is dying as a result of some unlawful act.
- - Doctor should assess that the patient is in good mental condition.
- Declaration is made in question and answer form,
- Noted down in patient's language in the presence of two responsible witnesses
- Signed by doctor, patient and witnesses.



# Dying deposition

- It is the statement of a dying person, before a Magistrate and the accused or his Counsel, on oath. (It is a bedside court)
- Doctor has to certify the mental and physical fitness of the patient to make such a statement.





## J. CUSTODY OF THE RECORDS

- The records should be kept under lock and key, in the custody of the doctor concerned or may be kept in a Central Record Room, in hospitals where such facility is available; as per the institution's rules.
- Most hospitals have a policy of maintaining all medico-legal records for variable periods.
- However, as per law, there is no specified time limit after which the MLRs can be destroyed.
- Hence, they have to be preserved.
- In view of the multitude of cases against the doctors under the Consumer Protection Act, it is advisable to preserve all the MLC records for a period of at least 10 years or till the disposal of case by the court.

අනුලත් කිරීමේ පතිකාව

ADMISSION FORM

①  
යොටුව 26  
Health 26

සාර්ථකයෙන්  
Hospital

දිනය } 127012/14

සම්පූර්ණ නම } P. K. M. Jayawickram, Aley  
Name in Full

වයය } 40 Sex } M.

විවාහක/අවශ්‍යක නෑත } Civil Condition

දිනය Date  
Previous history-Present symptoms-Diagnosis and Treatment

අනිත රෝග විස්තරය, වන්ත්තේ රෝග, ආකෘති,  
රෝග තීක්ෂණය හා ප්‍රතිකාරය

වාට්ටුව Ward } 9  
දිනය Date of Admission } 10/12  
විටාව Time } 6-15 AM

වියෙනුව  
වෛද්‍යවරයාගේ නම } Consultant's Name

උපන නැත Birthplace }

ආගම Religion }

පිටපත දිනය Date of Discharge }

මුදුකු දිනය Date of Expired }

යකුව ඇති බැං බාධිරෝගීය Article in possession }

දෙවිචියාන්ගේ; යාරකරුගේ  
සේ ඇක්වරුගාලේ නම  
උපන පිටපත  
Name and address of parent guardian or relation  
වෝග හෝ අවාලය Disease or injury

216/9  
විදෙශාධ්‍ය මාලුව  
විදෙශාධ්‍ය මාලුව

අභ්‍යන්තර අභ්‍යන්තර  
Diet Extras

Pt brought to the wd 9 at  
6.40 AM

on ad. Temp - 37°C PR - 88/min RR - 24/min

Pt c/o chest pain. Informed HO

- MI patient
- C/o Chest pain
- Not admitted to ETU
- Not informed HO stat

(23)

දිනය Date	අධීක රෝග විස්තරය, වනව්‍යන් රෝග උග්‍රතාන, රෝග තියෙය හා ප්‍රතිකාරය Previous history-Present Symptoms-Diagnosis and Treatment	ඇඳවුම් Diet	B.H.T.No.
12/10/10 45 am			
	XO Y.		
	Known patient with COPD + haemorrhoids. transferred from Kribathgoda for endoscopy evaluation		
	c/o - chest pain since 3am tightening type		
	Sweating +, Palpitation +, vomited once		
	regurgitation +		
	abdominal pain +		
	dizziness +		
	haematemesis +, melena +		
	80B°.		
	PMHx /		
	PSHx / no /		
	Allergy /		
	APx /		
	SMHx - muscular.		
	occasional alcohol use non-smoker		

- MI patient
- C/o Chest pain
- Not admitted to ETU
- Not informed HO stat

අශ්‍රුත් කිරීමේ පත්‍රිකාව  
ADMISSION FORM

ඩොෂ්පෑල හෝස්පිෂල  
Hospital

නො. } 88408/14

නැමුවා නම : Ravinda Dilshan

යුතු } 15 - නේ/ඩුරු පාරිභාගි } M

ඩොෂ්පෑල/දුටුවෙන විධාන  
Civil-Condition

දින	දිනීන ප්‍රතිඵල, වෙළඳ දෙන මෙහෙයු, වෙන සියලු සහ ප්‍රතික්‍රියාව Previous history-Present symptoms-Diagnosis and Treatment
දින	
දින	
දින	
දින	

(15) මෘත්‍ය 26  
Health 26

ඩොෂ්පෑල  
Ward  
දින  
Date of Admission  
විශාල  
Time

P14 11

27/8

1.45

බිජින්සු  
යෙටිඳුවරුවගේ නම }  
Consultant's Name

උප්ප දැන  
Birthplace }

උහුතු  
Religion }

එච් දිනය  
Date of Discharge }

මැරුණ දිනය  
Date of Expired }

භාවිත ඇති බැංකු  
කාසිරුදුය

ඇතුවියන්ගේ, යාර්ංඡල්  
සේ යෙටිඳුවයාගේ නම

යා ලිඛිතය  
Name and address of  
parent/guardian or relation

යෝග සහ අවශ්‍ය  
Disease or injury }

121  
7-2000  
2.000  
200

Diet  
Extras

Attempted  
rape

- Ward not clear
- Date incomplete
- Time incomplete
- Complaint – Not accepted
- JMO/Police not informed

126  
127

ආනුලත් කිරීමේ පත්‍රිකාව  
**N.C.T.H. RAGAMA**  
ADMISSION FORM

ආරෝග්‍ය සාලා

Hospital

අංකය  
No.නමුවා නම  
Name in Fullයුතු  
Ageවිවෘත/අව්‍යවාහා බව  
Civil Condition

93983/15

යොමු 26  
Health 26වාට්ටුව  
Ward

දිනය

Date of Admission

විටාව  
Time

02 SEP 2015

12.30 AM

අතින්‍ය රෝග විස්තරය, විතමන් රෝග ක්‍රියාකාරය,  
රෝග තියෙන හා ප්‍රකිඛාරය  
Previous history-Present symptoms-Diagnosis and  
Treatmentචිකුත්‍ය  
යොමුවරයාගේ නම  
Consultant's Nameඋපන් නැත  
Birthplaceආගම  
Religionපිටකළ දිනය  
Date of Dischargeමැරුණ දිනය  
Date of Expiredසක්‍රී දැනී බූඩු  
ඩායුරුදීයදෙමුවයින්ගේ, භාරකරුගේ  
සේ ප්‍රකිවරයාගේ නම  
සහ පිටකායName and address of  
parent guardian or relation  
රෝගය හෝ ප්‍රධානය  
Disease or injuryඅභ්‍යන්තර  
Dietඅමෙර අභ්‍යන්තර  
Extras

✓ See the marked areas

126  
127

Plaster of Paris  
by Balakumaran

Pt Admitted in the Pcu at 11.35 PM

# අනුලක් කිරීමේ පත්‍රිකාව

යොමු 26  
Health 26

## ADMISSION FORM

ඇතුළුවකෙලාව }  
Hospital }

N.C.T.H. RAGAMA

ආංදය }  
No. }

45343/14

ඩැවුල }  
Ward }  
දිනය }  
Date of Admission }  
වේලාව }  
Time }

11/5

ස්මූල්‍ය නම } Name in Full } Anil Kavishangum

යෙය } Age } 34 ස්මූල්‍ය ගාරිය } Sex } M

විභාගය/Civil Condition } Civil Condition }

ඩෙමන්ඩ් වෛධාරිකාරු නම } Consultant's Name }

ඖුදු තුවකාව } 940 P.

උප්පෙහුව Birthplace }

භාගය Religion }

පෙනෙන දිනය Date of Discharge }

ඉතුළු දිනය Date of Expired }

ප්‍රතිප්‍රේති හිමි මූල්‍ය Article in possession ) තුළුවෙන් ඇවාන්

වාෂ වාෂ

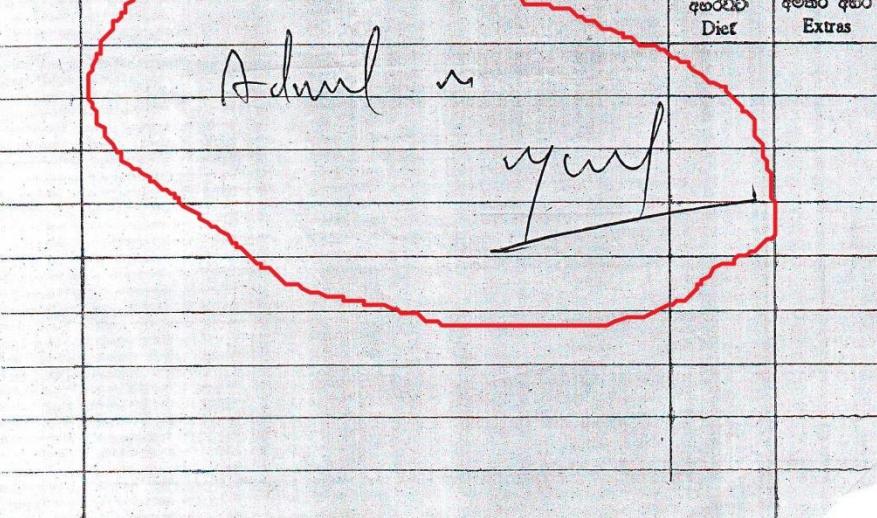
දෙපාර්තමේන්තු, පොදුජාල  
සංඛ්‍යා මෙටර් හෙවතුව සෑවනය සහ  
ඵේම්බර් මීටර් Name and address of  
parent/guardian or relation

ස්ථානානුව තුළුවෙන්

ස්ථානානුව Disease or injury ) ප්‍රඛණද

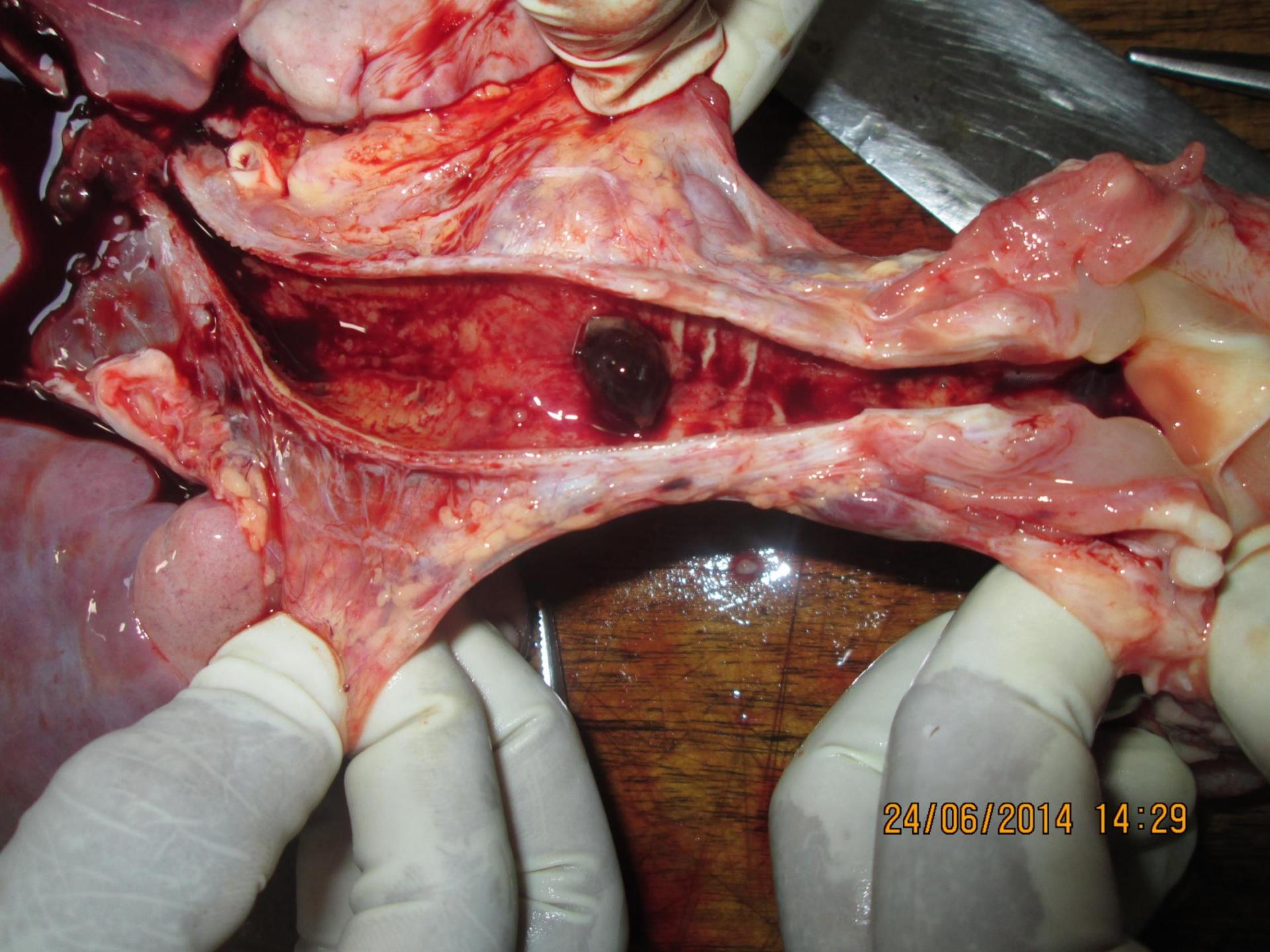
ප්‍රඛණද

දිනය Date	ස්මූල්‍ය විධාරුව, වෘත්තිය නොමැත, ස්මූල්‍ය නිවාය හෝ ප්‍රමිතය Previous History-Present symptoms-Diagnosis and Treatment			වූදු දිනය Date of Discharge
				ඉතුළු දිනය Date of Expired
				ප්‍රතිප්‍රේති හිමි මූල්‍ය Article in possession )
				දෙපාර්තමේන්තු, පොදුජාල සංඛ්‍යා මෙටර් හෙවතුව සෑවනය ඵේම්බර් මීටර් Name and address of parent/guardian or relation ස්ථානානුව සහ සීඩය Disease or injury )
		දෙපාර්තමේන්තු Diet	අමතර අයර Extras	



148/06/14

24/06/2014 14:06



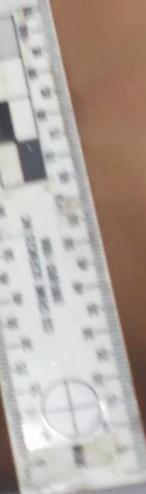
24/06/2014 14:29

170/00/11



24/06/2014 14:34

329/E



AIR/TROLLEY

ඇතුළත් කිරීමේ පත්‍රිකාව

## ADMISSION FORM

රෝගීයලය  
ospital

27340/16

(420 k)

Ward

දිනය

Date of Admission

වෙළඳ

Time

PCV → 7

11/3/16

11.55 AM

අංකය  
No.සම්පූර්ණ නම  
Name in Full

S. Albert

යිය

62

ස්ත්‍රී/පුරුෂ තාවය

M

විවෘත/අව්‍යවහාර බව

Civil Condition

දිනය  
Dateඅධික යොමු විද්‍යාත්, එකත් යොමු ලැබුණු,  
යොමු නිශ්චිත යා ප්‍රතිච්චිතය  
Previous history-Present symptoms-Diagnosis and  
Treatmentඩිස්පෑල  
වෛද්‍යවරයාගේ නම  
Consultant's Name

උපුත් දැනු

Birthplace

භාගය

Religion

පිටපත දිනය

Date of Discharge

මුදුකා දිනය

Date of Expired

කෘෂි ආසි බෙඩි

මිකුරුදිය

Article in possession

දෙමුවීයකාරී, නාරකරුණ

යොමු නිශ්චිතයාගේ නම

යා පිටිනය

Name and address of

parent guardian or relation

යොමු නො ඇවාය

Disease or injury

Tibra

#

No contact  
No.

R.2.0 - 0000

p/c no:

32056

601 Rd Palapama

2.2/0

Consent for op.

Op. No. 11/16 &amp; Date

Hoc

now GCS 11

12/13

Time 2.35 PM

R. S. L. B.A.

N.C.T.H BLOOD BANK

Ranaych

C.R.L

L. T. S. L.

Component	Diet	අමතර අභ්‍යන්තර
Red Cell	01	
Platelet	03	
Bleeding Factor	12/13	
Immune	AT	
Others	2.35	

දिनය Date	අත්ත රෝග විසේකය, විනුමත රෝග ප්‍රකාශන, රෝග නීතිය හා ප්‍රතිකරුව Previous history-Present Symtoms-Diagnosis and Treatment	ආහාරය Diet
	PT admitted to the PC on 12.05 <sup>an</sup>	
H/o	Transferred from BH jaila. for further management of suspected #	
	Difficult to take history from pt. injury following RTA. under the influence of Alcohol.	
O/E -	breath Alcohol smell. BP - 100/60 mmHg pulse - ≈ 92 bpm SpO <sub>2</sub> -	BL PERTL ACS E=4   10/15 V=F m-L
	Ax AE?	(1) non tender Scart.

මුදල රෝහල/BASE HOSPITAL

සෘථිත  
HEALTH ] 45

මහ රෝහල/GENERAL HOSPITAL

උග්‍රමය දුධ උපයෝග එකානෙක  
SURGICAL INTENSIVE CARE UNITතයද සටහන  
Nurses Notes

තම්/Name: S. Albert Date: S. I. C. U. No. PCA B. H. T. No. 27340

දිනය ය වේලෙව DATE— TIME	රුධිර වෛනය BP mmHg	තාව් PULSE min <sup>-1</sup>	සටහනය RESP min <sup>-1</sup>	ජේකන් වය TEMP Pn	නිලධාන සාචය VP Pupil	නීරික්ෂණ/OBSERVATIONS
12.15 am	100 / 60	84	24	R O ✓	L O ✓	
12.30 a	100/60	84	24	✓	✓	Pt send x ray room at 12.30 a.
1.00 a	54/34	96	20	✓	✓	SPO <sub>2</sub> 95%. Informed to HO.
						Large cannula & Inserted.
						N/S IV drip started.
						Blood taken for Gr & DT.
						Pt kept under observation
2.00 ~	65/40	96	22	✓	✓	SPO <sub>2</sub> - 95% 2 <sup>nd</sup> N/S drip started
2.15 ~	75/50	94	20	✓	✓	
2.25 ~	80/50	92	20	✓	✓	SPO <sub>2</sub> - 96% Pt send US scan.
3.10 a	80/50	90	22	✓	✓	Pt came back. IV N/S drip started.
4.10 a	29/99	92	20	✓	✓	Pt kept under the observation.
4.30 A-	99/55	90	20	✓	✓	Trace Hb over the phone 11.6 g/dl
5.00 A-	86/36	90	22	✓	✓	
5.30 a	90/62	88	22	✓	✓	
6.00 a	98/66	86	20	✓	✓	
6.30 a	97/62	82	20	✓	✓	

Date

Social Section/DAILY STATE

SHO/

4/05/2016

EMO - medico legal

NCTH - Regama

Dear Colleague,

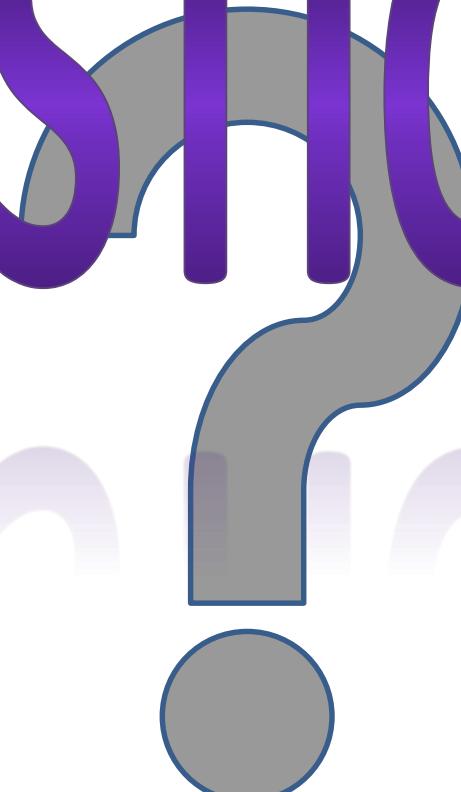
This 21yr old unmarried girl has obtained head injury following RTA took place at Negombo. Then she was taken to ~~DH Negombo~~ BH Seendura & then transferred to NCTH. According to relatives she was taken to hospital by the accused and 2 other people <sup>(male)</sup> and have not allowed to accompany. Relatives are highly suspicious about the post event period.

I did vaginal examination (inspection) & I noticed attenuated hymen with tears at 6 & 9 o' clock position and vestibular erythema at 6 & 9 o' clock position. ?Acute injury + old injuries. She strongly deny past events of several occasions. Please be kind enough to see her & do the needful.

Thank you

Registrar ad M/18

QUESTIONS?





# THANK YOU!

Dr. Handun P. Wijewardena  
MD (USSR), DLM (Colombo)  
MD [Forensic Medicine] (Colombo)  
Consultant JMO  
Teaching Hospital  
Ragama