

GUIDELINE FOR MEDICO LEGAL WORK

1. All the cases coming to the casualty shall be entered in the concerned casualty register.
2. Cases of suspected accident, poisoning, burns, comatosed or brought dead persons should invariably be made medico legal case. In case where the condition is not serious and the C.M.O. does not suspect any foul play the fact should be recorded in the casualty register with reasons under (Patients') signature. However, detailed findings and treatment administered should always be recorded in the casualty register.
3. All MLC cases should be entertained after they are either registered with the police post of Hospital, or after the police is informed.
4. All medico-legal papers must be stamped MLC.
5. In emergency first aid treatment should promptly be given before documentation or other medico-legal formalities.
6. While giving the number in the MLC register a prefix be added depending upon the casualty handling the case (e.g.MC/No for main casualty, GC/No. for Gynae casualty in Mat. IV & KC/No. for Hospital casualty).
7. All the pages of MLC registers must be numbered and a certificate to that effect must be there from the in-charge of that casualty before starting that MLC register.
8. CMO will keep in his/her custody the current medico-legal register under lock and key and will hand it over to the relieving CMO. Both will make suitable endorsement in register kept for this purpose of their handing over and taking over.
9. Two copies of the MLC report shall be prepared (three in cases of suspected poisoning) original copy will be handed over to the concerned police officer and duplicate will be kept in safe custody.
10. CMO who examines the case first is responsible for completion and handing over the MLC report within 48 hours to the police. Preliminary or interim report should not be given to anyone.
11. All the columns in MLC forms must be properly filled in and mention must be made about proper identification marks, consent, brief

history, general physical examination, specific comments like nature and age of injuries, type of weapon used or nature of poisoning suspected, investigations advised and material preserved and handed over to the police.

12. The doctor making MLC is responsible for preserving and sealing of vomitus, gastric lavage or any other material preserved.

13. The material preserved for analysis at CFSL should be labeled, sealed and handed over to the concerned police officer along with request for the analysis, sample of seal used and 3rd copy of MLC form (in suspected poisoning cases) in a separate sealed envelope.

14. For radiological examination X-rays forms should be stamped MLC and properly filled in giving name, age address, MLC No., at least two proper identifications marks, brief history, discription of injuries, part to be radiologically examined and signed with name and stamp of the medical officer.

15. The radiological report should be attached with the relevant medico-legal papers.

16. Gynae & Obstt. casualty, in sexual assault cases should also make vaginal smears (at least three). After fixing and sealing these should be handed over to the police.

17. Maintenance of record is equally important in admitted medico-legal cases. Bedside files and related papers must be stamped MLC and kept under lock and key.

18. Before discharge of MLC cases the police must be informed about the same.

19. In cases of person brought dead to the casualty, MLC register must be filled in, and body, after informing the police, with proper identification tags be shifted to mortuary with a request duly signed and stamped by CMO.

20. In case of death, of an admitted MLC case, police is to be informed and body handed over to them.

21. On completion of the MLC register or case sheets after discharge of the patients, should be sent to the Medical Record Section for safekeeping.

22. Medico-legal X-rays should be kept under safe custody.