

Strangulation Checklist

Patient name: _____

Address: _____

NEUROLOGICAL

- Loss of memory
- Fainting/Loss of consciousness
- Behavioural changes
- Loss of sensation/Extremity weakness
- Difficulty speaking
- Urinary incontinence
- Loss of bowel control
- Vomiting
- Dizziness or headaches
- Unsteady
- Seizure

FACE

- Petechiae eyeball/eyelid/face/scalp/earlobe(s) or internal mouth
- Bloody red eyeball
- Droopy face/eyelids
- Bald spots
- Ringing in ear
- Ear, face, head and/or neck scratches/bleeding/bruising/swelling
- Mouth cuts/bruising/swollen lips and/or swollen tongue
- Finger/ligature marks on neck
- Sore throat/Difficulty swallowing

CHEST

- Pain
- Redness/scratch marks/abrasions/bruising

BREATHING CHANGES

- Difficulty breathing or respiratory distress

VOICE

- Hoarseness or other change to voice

INVESTIGATION

If the patient exhibits any of the above signs and symptoms it is strongly recommended that the following be done:

1. Information, where practicable, should be detailed in physical and mental assessment but also about incident time, perpetrator, incident details and witnesses.
2. Radiographic testing should include CT angiography of carotid/vertebral arteries (most sensitive and preferred study for vessel evaluation) or CT neck with contrast or MRA/MRI of neck and brain.
3. Referral to the Hospital Emergency for neurological and/or ENT consult should be considered.

CONSIDERATIONS

Victims may look and say they are fine, but just underneath the skin there may be internal injury and/or delayed complications. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fracture hyoid bone, airway obstruction, stroke or even delayed death from carotid dissection, blood clot, respiratory complications or anoxic brain damage.

For Patient going home

Please provide Strangulation Discharge Instructions to patient.