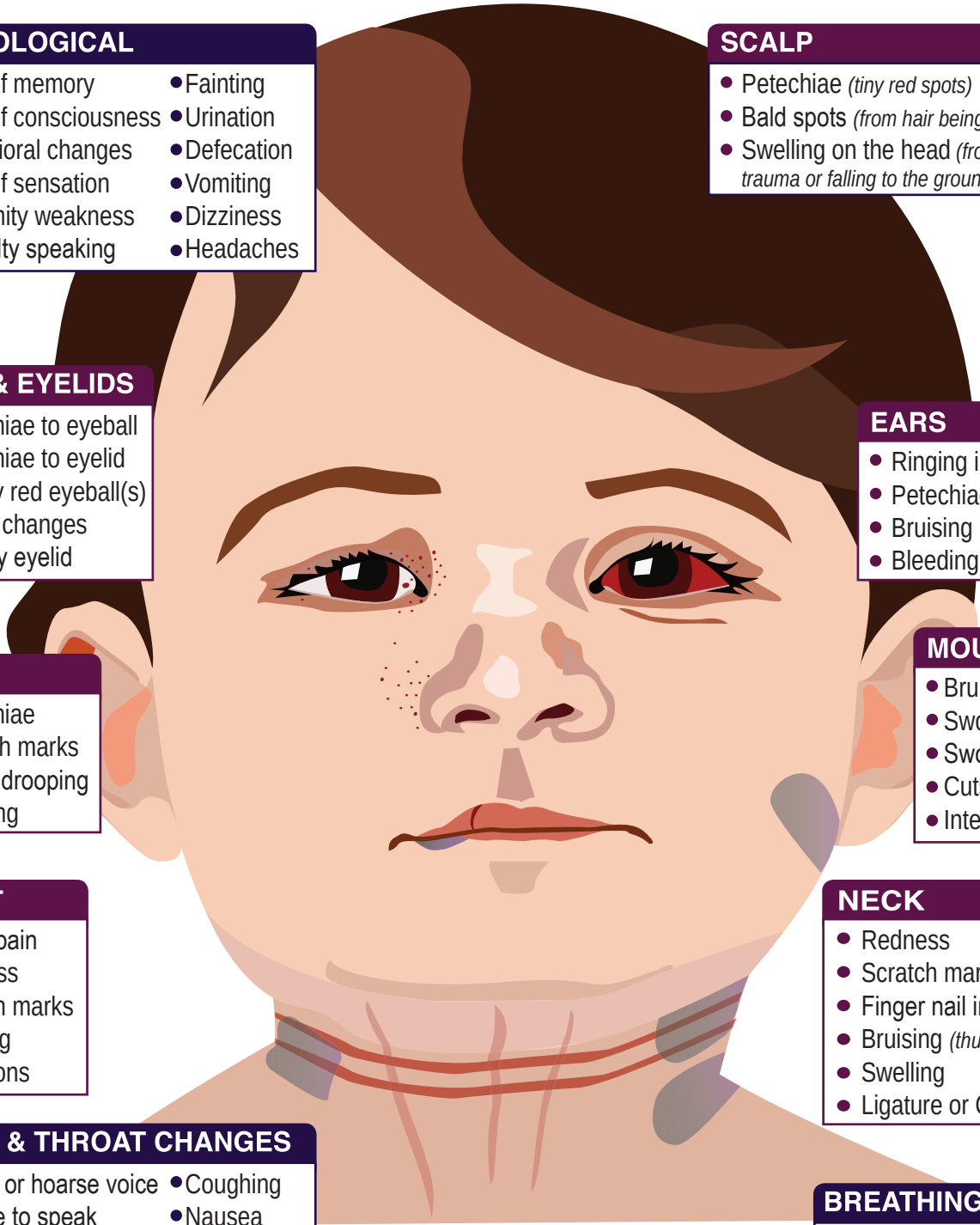
Signs and Symptoms of STRANGULATION

(VISIBLE SIGNS MAY NOT BE PRESENT)



NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

SCALP

- Petechiae *(tiny red spots)*
- Bald spots *(from hair being pulled)*
- Swelling on the head *(from blunt force trauma or falling to the ground)*

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

FACE

- Petechiae
- Scratch marks
- Facial drooping
- Swelling

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising *(thumb or fingers)*
- Swelling
- Ligature or Clothing Marks

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

Illustration & Graphics by Yesenia Aceves

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: *Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009.*

TRAINING INSTITUTE on STRANGULATION PREVENTION

strangulationtraininginstitute.com

v 10.5.2017

Diana Faugno MSN, RN, CPN, SANE-A, SANE-P, FAAFS, DF-IAFN

Diana Faugno graduated with a Bachelor of Science in Nursing-University of North Dakota and a Master of Science in Nursing-University of Phoenix. Ms. Faugno is a Founding Board Director for End Violence Against Women International (EVAWI) She is a member of the Board of Directors for the California American Professional Society on the Abuse of Children.She is the current president of the Acadmey of Forensic Nurses as well as a retired-fellow in the American Academy of Forensic Science and a Distinguished Fellow in the International Association of Forensic Nurses. She currently is the nurse examiner at the Barbara Sinatra Childrens Center and a nurse examiner for Eisenhower Medical Center's SART team. She is the co-author on numberous textbooks and papers on dealing with the forensic medical aspects of violence.

RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

Prepared by Bill Smock, MD and Sally Sturgeon, DNP, SANE-A
Office of the Police Surgeon, Louisville Metro Police Department
Endorsed by the National Medical Advisory Committee: Bill Smock, MD, Chair; Cathy Baldwin, MD; William Green, MD; Dean Hawley, MD; Ralph Riviello, MD; Heather Rozzi, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD; Michael Weaver, MD

GOALS:

1. **Evaluate carotid and vertebral arteries for injuries**
2. **Evaluate bony/cartilaginous and soft tissue neck structures**
3. **Evaluate brain for anoxic injury**

Strangulation patient presents to the Emergency Department

History of and/or physical exam with ANY of the following:

- **Loss of Consciousness** (anoxic brain injury)
- **Visual changes**: "spots", "flashing light", "tunnel vision"
- **Facial, intraoral or conjunctival petechial hemorrhage**
- **Ligature mark or** neck **contusions**
- **Soft tissue neck injury/swelling of the neck/cartoid tenderness**
- **Incontinence** (bladder and/or bowel from anoxic injury)
- **Neurological signs or symptoms** (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symtoms.)
- **Dysphonia/Aphonia** (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
- **Dyspnea** (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
- **Subcutaneous emphysema** (tracheal/laryngeal rupture)

History of and/or physical exam with:

- **No LOC** (anoxic brain injury)
- **No visual changes**: "spots", "flashing light", "tunnel vision"
- **No petechial hemorrhage**
- **No soft tissue trauma to the neck**
- **No dyspnea, dysphonia or odynophagia**
- **No neurological signs or symptoms** (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symtoms)
- And **reliable home monitoring**

Discharge home with detailed instructions to return to ED if:
neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens

Recommended Radiographic Studies to Rule Out Life-Threatening Injuries*
(including delayed presentations of up to 6 months)

- **CT Angio of carotid/vertebral arteries** (***GOLD STANDARD*** for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) ***or***
- **CT neck with contrast** (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) ***or***
- **MRA of neck** (less sensitive than CT Angio for vessels, best for soft tissue trauma) ***or***
- **MRI of neck** (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) ***or***
- **MRI/MRA of brain** (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)
- **Carotid Doppler Ultrasound** (***NOT RECOMMENDED:*** least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid)

(-) → Continued ED/Hospital Observation (based on severity of symptoms and reliable home monitoring)

(+) →
- Consult NeurologyNeurosurgery/Trauma Surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia

*References on page 2

Brochure Design by Yesenia Aceves
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RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

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(Recommendations based upon case reports, case studies, and cited medical literature)

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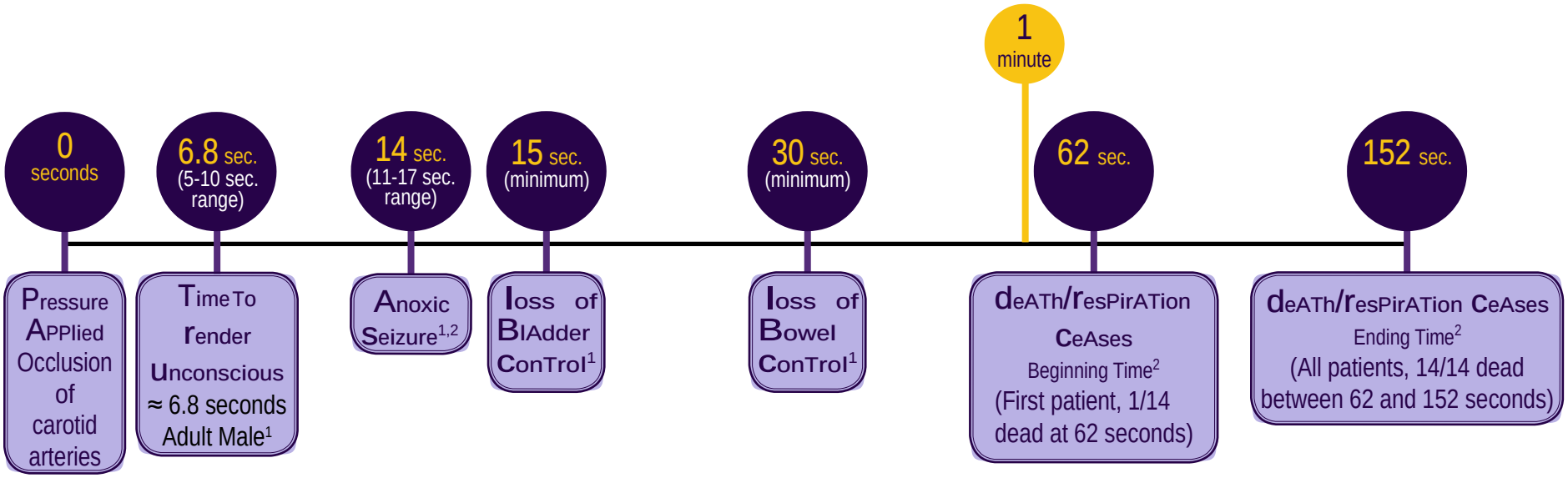
PHYSIOLOGICAL CONSEQUENCES OF STRANGULATION
Occlusion of Arterial Blood Flow: Seconds to Minutes Timeline

Created by: Ruth Carter; Bill Smock, MD; Gael Strack, JD; Yesenia Aceves, BA; Marisol Martinez, MA; and Ashley Peck



RefeRences and ResouRces

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2 Anny Sauvagneau, MD, MSc; Romano LaHarpe, MD; David King, MD; Graeme Dowling, MD; Sam Andrews, MD; Sean Kelly, MD; Corinne Ambrosi, MD; Jean-Pierre Guay, PhD; and Vernon J. Geberth, MS; MPS for the Working Group on Human Asphyxia, Forensic Med Pathol 2011;32: 104 – 107.

3 Training Institute on Strangulation Prevention: strangulationtraininginstitute.com

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PEDIATRIC-ADOLESCENT FOLLOW-UP EVALUATION

Name of Examining Agency:_____

Address: _____

Date of **Initial** Exam:_____Date of **Today's** Exam: _____ Time: _____

Case Number(s): _____

Name of Patient: _____ Date of Birth: _____

Address: _____

Accompanied By: _____

Others Present: _____

PATIENT RELEASE STATEMENT

I, _____, hereby request and authorize the staff of;

(agency/agencies) _____ to conduct a medical-forensic follow-up evaluation and clinical procedures, including collection and examination of specimens as are necessary for diagnosis and treatment as well as investigation. Furthermore, I hereby authorize and request the medical staff to supply **all items of evidence** (_____ *initials*) and **copies of medical and laboratory reports** (_____ *initials*) to the appropriate investigative agency for use in the investigation and any resulting legal proceedings.

_____ _____

Patient Examined Date

_____ _____

Parent or Guardian Witness

PHOTOGRAPHIC RELEASE

I, _____, hereby request and authorize the staff of;

(agency/agencies) _____ to capture and produce photographs of body surface or colposcope images of injury, healing injury or normal anatomy. The release of these photographs is conditioned upon the images being viewed only by those persons officially involved in the investigation or legal proceedings. De-identified photos may be used and viewed for education/teaching purposes.

_____ _____

Patient Photographed Date

_____ _____

Parent or Guardian Witness

HISTORY

Patient's Name_____

1. Review of initial exam documentation ☐ Yes ☐ No ☐ N/A
2. Reason for follow-up examination ☐ Physical Abuse
   ☐ Strangulation
   ☐ Other _____

Summary of acute strangulation evaluation: _____

_____

_____

_____

_____

_____

Description of injury/abuse event(s) in patient's own words:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name of examiner:_____ Date: _____

Signature: _____

Patient Label

PHYSICAL ASSESSMENT

Vital Signs: T _____ P____ R ____ B/P _____ Pulse Ox _____

Neck Circumference _____ (Anterior) _____ (Lateral)

Mental Status/Behavior/Appearance:

_____

_____

_____

Review of Systems

Neurological

_____

Cardiovascular

_____

Respiratory

_____

HEENT

_____

Gastrointestinal

_____

Genito-urinary

_____

OB/Gynecological

_____

Skin/Muscle/Bone

_____

Psych/Social

_____

Since the strangulation, has the patient noted any of the following symptoms:

☐ Coughing ☐ Drooling ☐ Dyspnea ☐ Dysphagia ☐ Odynophagia ☐ Headache
☐ Lightheadedness ☐ Neck pain ☐ Neck swelling ☐ Nose pain ☐ Nausea ☐ Vomiting
☐ Crepitus ☐ Uncontrolled shaking ☐ Combativeness ☐ Irritability ☐ Restlessness
☐ Otherwise altered mental status Describe:_____
☐ Voice changes Describe:_____
☐ Vision changes Describe:_____
☐ Bleeding Describe:_____
☐ Weakness/numbness of extremities Describe:_____

Name of examiner:_____ Date: _____

Signature: _____

PHYSICAL ASSESSMENT (continued)

Pain score: _____ ☐ Numbered scale used ☐ Wong Baker scale used (insert score) _____

On a scale of 0-10, with 0 being no pressure and 10 being the worst pressure you can imagine, how strong was the grip during your strangulation (Circle one):

0 1 2 3 4 5 6 7 8 9 10

Is the patient pregnant? ☐ Yes; How many weeks?_____ ☐ N/A

☐ Petechiae
Locations: ☐ Conjunctivae ☐ Face ☐ Palate ☐ Ears ☐ Scalp ☐ Tympanic Membrane(s)
☐ Neck ☐ Chest

☐ Tongue or oral cavity injury Describe:_____
☐ Neurological findings
☐ Ptosis ☐ Facial droop ☐ Paralysis ☐ Unilateral weakness ☐ Loss of sensation
☐ Other:_____
☐ Absence of normal crepitus when manipulating cricoid cartilage
☐ Visible injury (describe on body maps below)
☐ Digital photography complete

Method/Manner of Strangulation:

☐ One hand Estimated length of time: _____seconds _____minutes
☐ Two hands Estimated length of time: _____ seconds _____minutes
☐ "Chokehold" Estimated length of time: _____seconds _____minutes
☐ Approached from the front
☐ Approached from behind
☐ Multiple strangulation attempts during incident How many? _____
☐ Jewelry on patient's neck during strangulation
☐ Ligature used Describe if possible: _____
☐ Smothering attempt Describe:_____
☐ Other Describe:_____

During the strangulation did the patient note any of the following:

☐ Loss of consciousness/blacking out/passing out Number of times:_____
☐ Incontinence of urine ☐ Incontinence of stool
☐ Bleeding Describe:_____
☐ Patient's feet lifted off the ground
☐ Patient's shirt was tightened around their neck

During the follow up evaluation were symptoms noted by the examiner?

☐ Yes: _____
☐ No

Name of examiner:_____ Date: _____

Signature: _____

Glasgow Coma Scale

Best eye response (E)	Spontaneous--open with blinking at baseline	4
	Opens to verbal command, speech, or shout	3
	Opens to pain, not applied to face	2
	None	1
Best verbal response (V)	Oriented	5
	Confused conversation, but able to answer questions	4
	Inappropriate responses, words discernible	3
	Incomprehensible speech	2
	None	1
Best motor response (M)	Obeys commands for movement	6
	Purposeful movement to painful stimulus	5
	Withdraws from pain	4
	Abnormal (spastic) flexion, decorticate posture	3
	Extensor (rigid) response, decerebrate posture	2
	None	1

Cranial Nerve Assessment

Nerve	Assessment	Notes
CN I Olfactory	Identifies a familiar scent with eyes closed (coffee)	☐ WNL ☐ Unable to assess
CN II Optic	Read one eye at a time, visual fields tested by having patient cover one eye and identifying number of fingers in each visual field	☐ WNL ☐ Unable to assess
CN III Oculomotor	Check pupillary response with light, check accommodation by moving your finger towards the patient's nose, check for EOMs	☐ WNL ☐ Unable to assess
CN IV Trochlear	Have patient look down and in	☐ WNL ☐ Unable to assess
CN V Trigeminal	Ask patient to open mouth while you attempt to close it, have them attempt to move jaw laterally. Have patient close their eyes, touch their face with cotton and have patient identify where they were touched.	☐ WNL ☐ Unable to assess
CN VI Abducens	Have patient move their eyes from side to side	☐ WNL ☐ Unable to assess
CN VII Facial	Ask patient to smile and raise eyebrows, ask them to keep eyes and lips closed while you try to open them	☐ WNL ☐ Unable to assess
CN VIII Acoustic/Vestibular	Test hearing with rubbing fingers or whispering	☐ WNL ☐ Unable to assess
CN IX Glossopharyngeal	Observe patient swallow and check gag reflex	☐ WNL ☐ Unable to assess
CN X Vagus	Assess gag and swallowing with IX, assess patient's voice characteristics	☐ WNL ☐ Unable to assess

CN XI Spinal Accessory	Have patient shrug shoulders with resistance, have patient move head from side to side.	☐ WNL ☐ Unable to assess
CN XII Hypoglossal	Have patient stick out tongue and move it internally from right to left, assess articulation.	☐ WNL ☐ Unable to assess

Describe abnormalities here: _____
☐ Cranial nerve assessment normal

DIAGRAMS (Document any injuries):

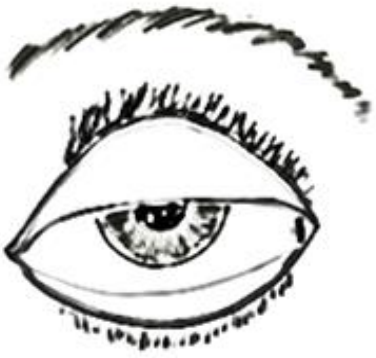
RIGHT CONJUNCTIVA

RIGHT INNER EYE LID

RIGHT OUTER EYE LID

LEFT OUTER EYE LID

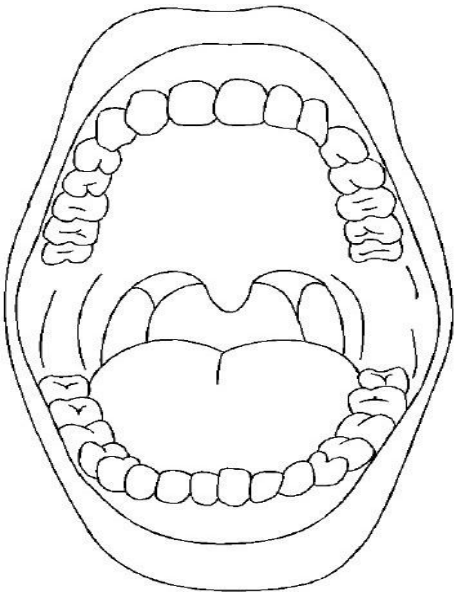
LEFT INNER EYE LID

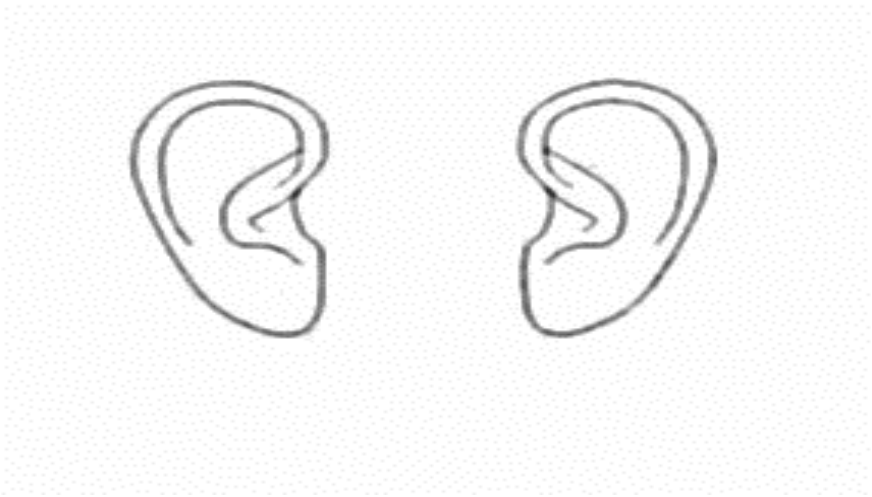


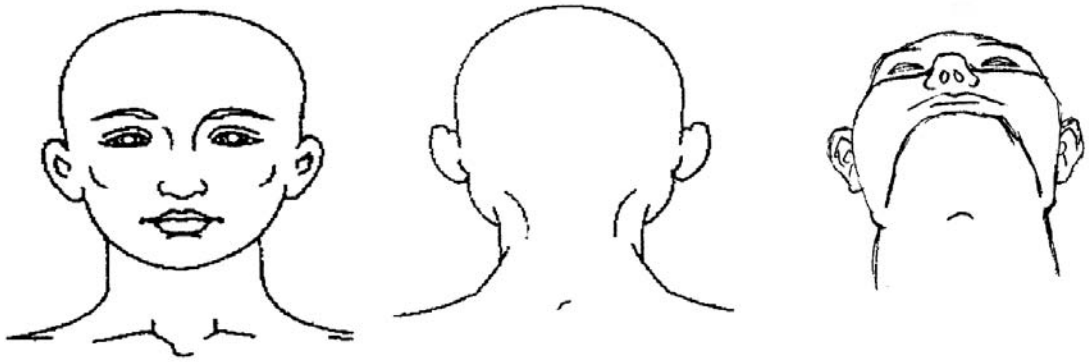
LEFT CONJUNCTIVA

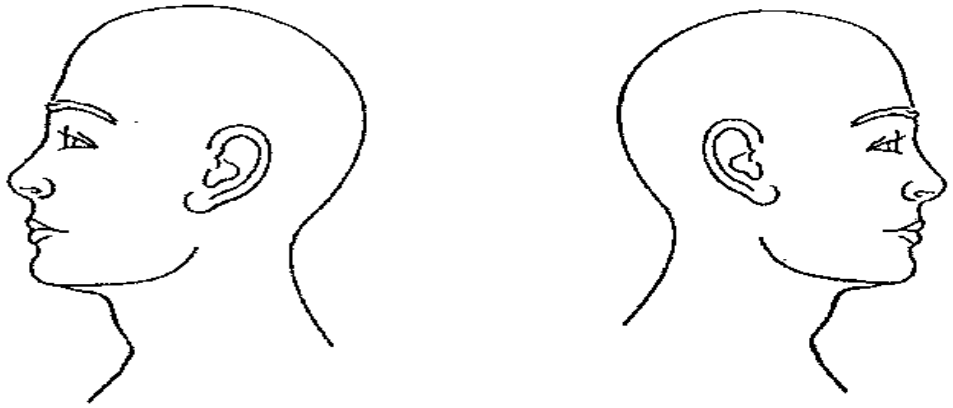
Name of examiner:_____ Date: _____

Signature: _____









Name of examiner:_____ Date: _____

Signature: _____

SUMMARY ASSESSMENT:

PLAN of CARE & RECOMMENDATIONS:

☐ Pediatric Strangulation Discharge Instructions

Name of examiner:_____ Date: _____

Signature: _____

DETAILED BODY SURFACE FINDINGS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

If more space is required, please use a progress note and check the box below.

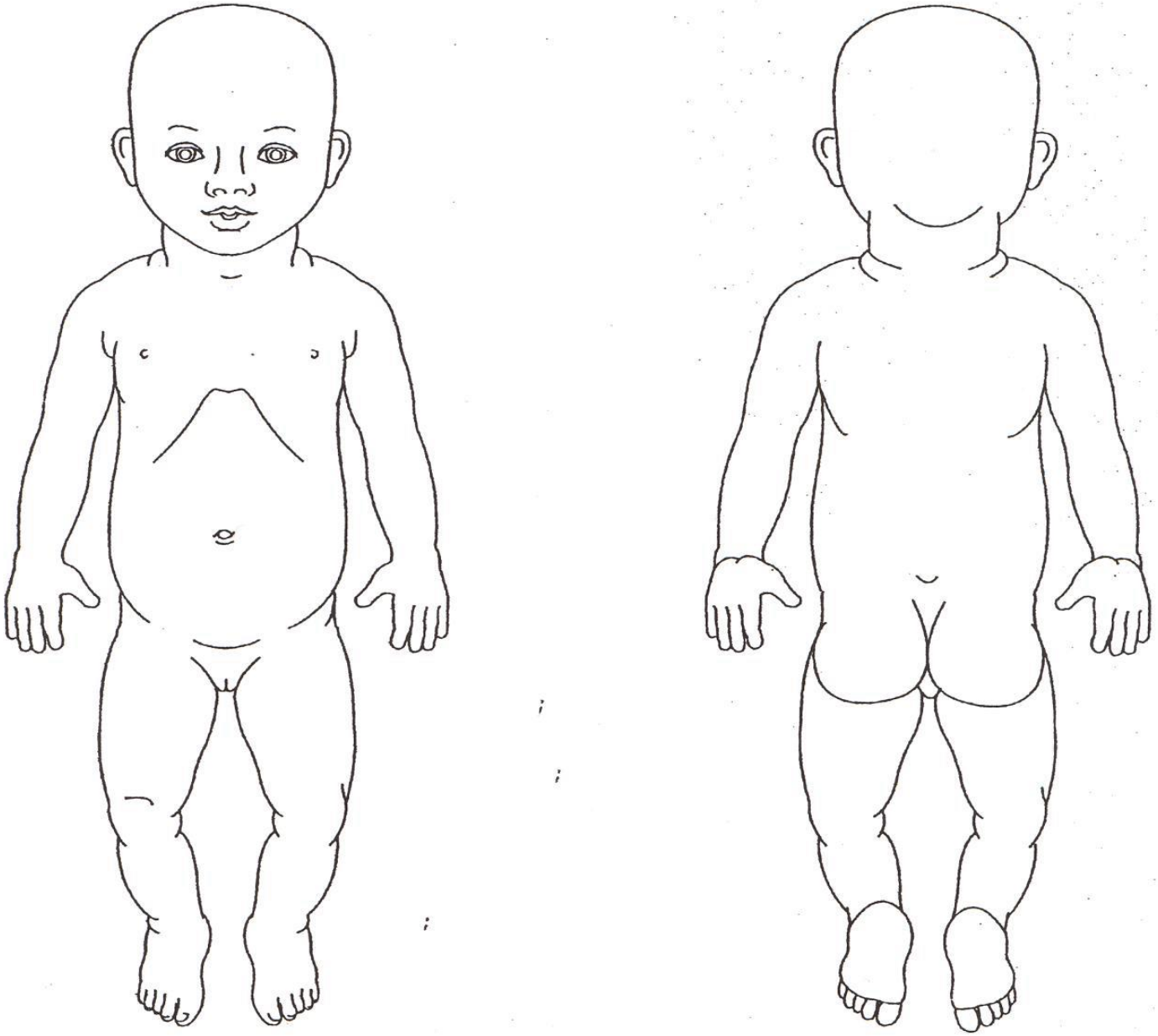
☐ Please see progress note for additional findings.

☐ Please see age appropriate diagrams (appendices) for additional findings

APPENDIX A

FEMALE INFANT BODY MAP/DIAGRAM

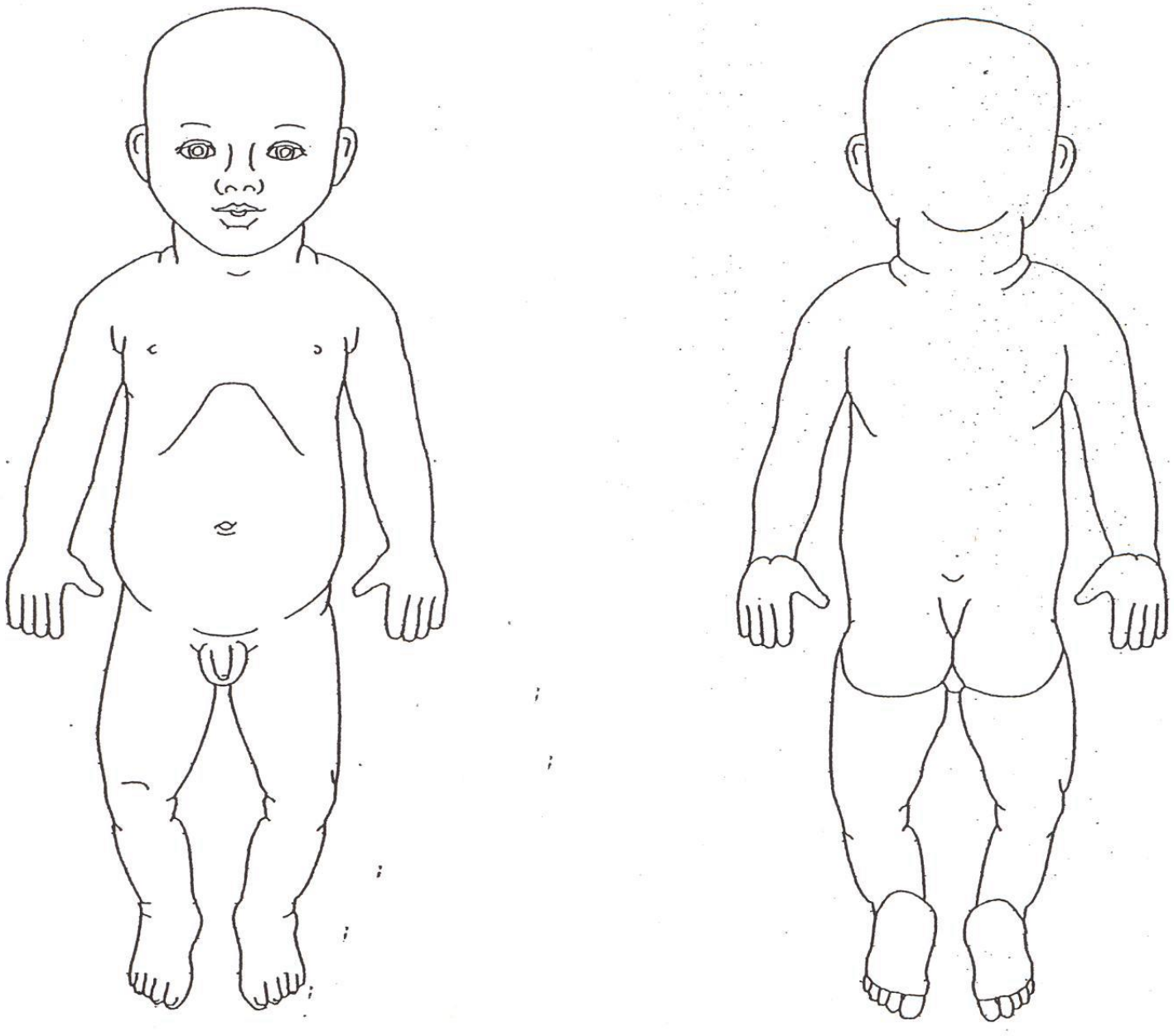
Numerically mark each finding (1, 2, 3…) and provide a detailed description.



APPENDIX B

MALE INFANT BODY MAP/DIAGRAM

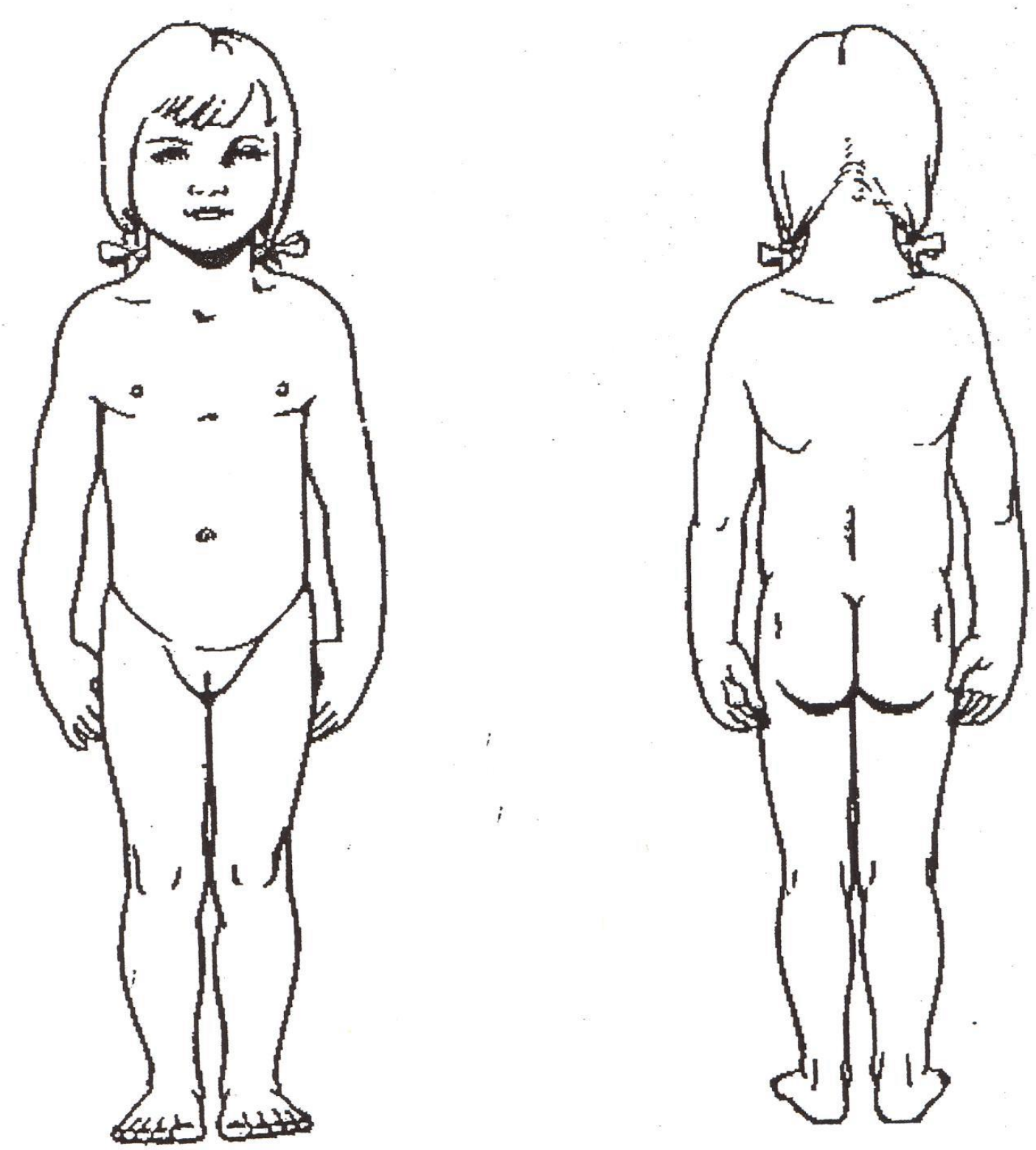
Numerically mark each finding (1, 2, 3…) and provide a detailed description.



APPENDIX C

FEMALE CHILD BODY MAP/DIAGRAM

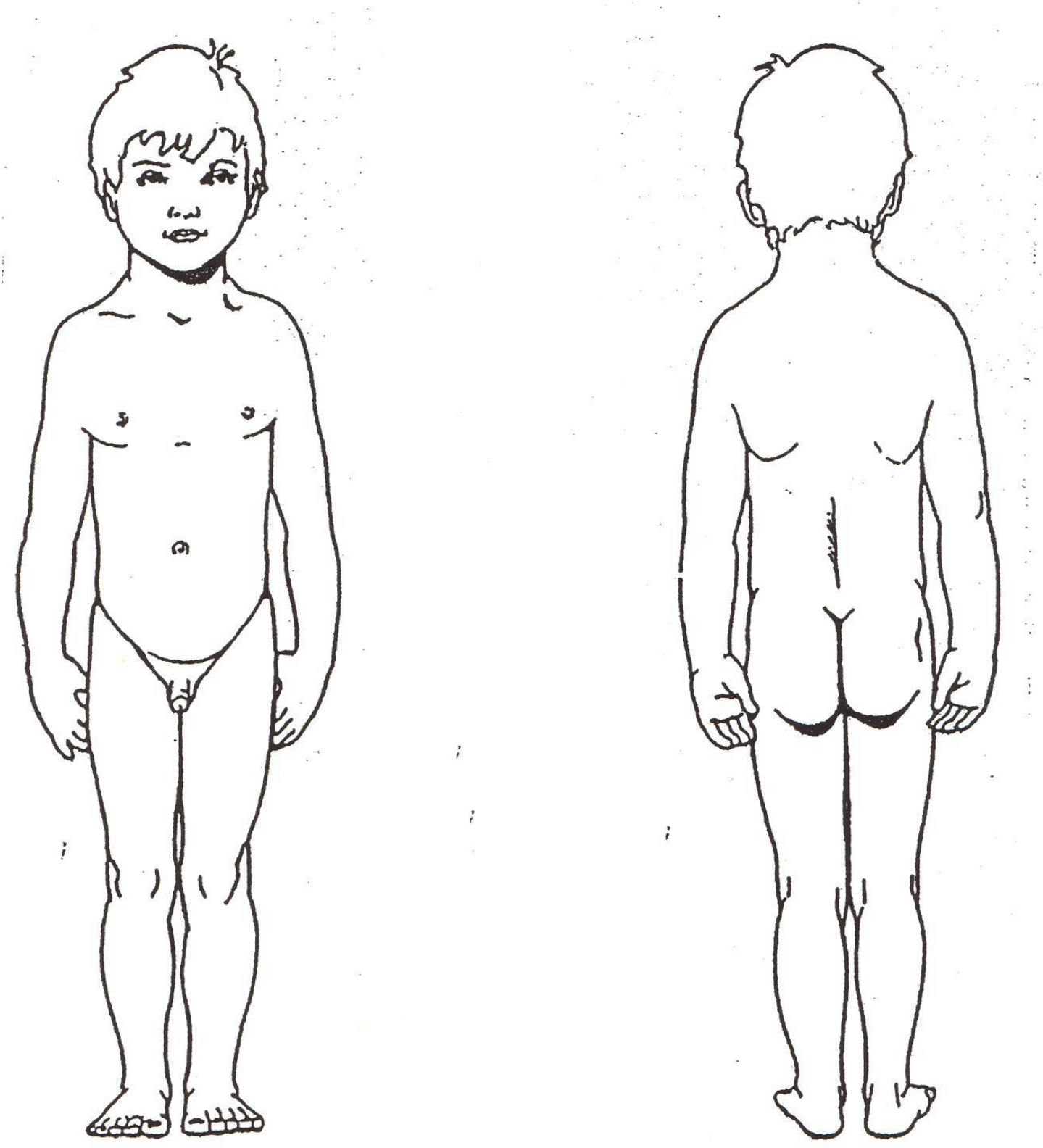
Numerically mark each finding (1, 2, 3…) and provide a detailed description.



APPENDIX D

MALE CHILD BODY MAP/DIAGRAM

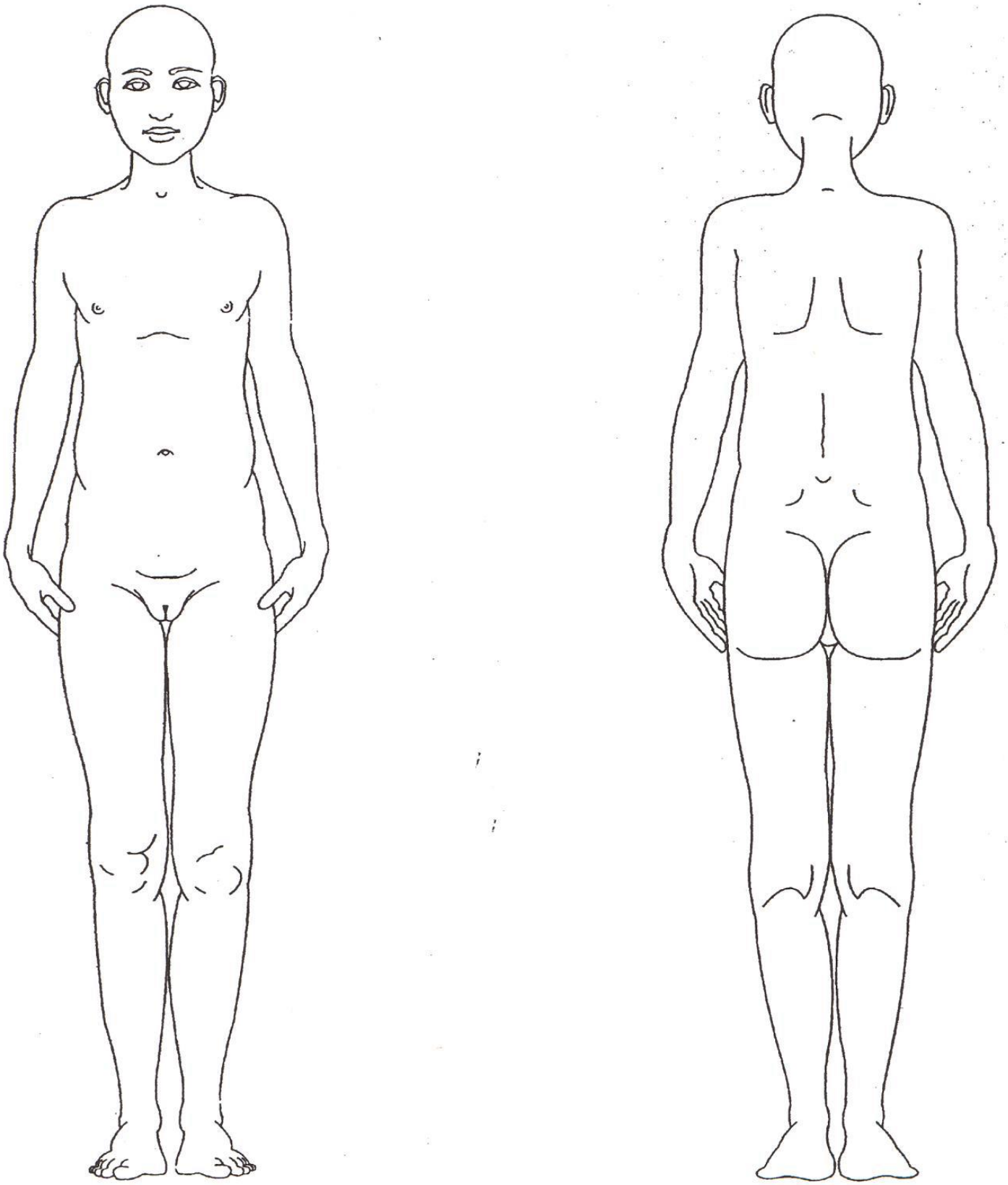
Numerically mark each finding (1, 2, 3…) and provide a detailed description.



APPENDIX E

FEMALE ADOLESCENT BODY MAP/DIAGRAM

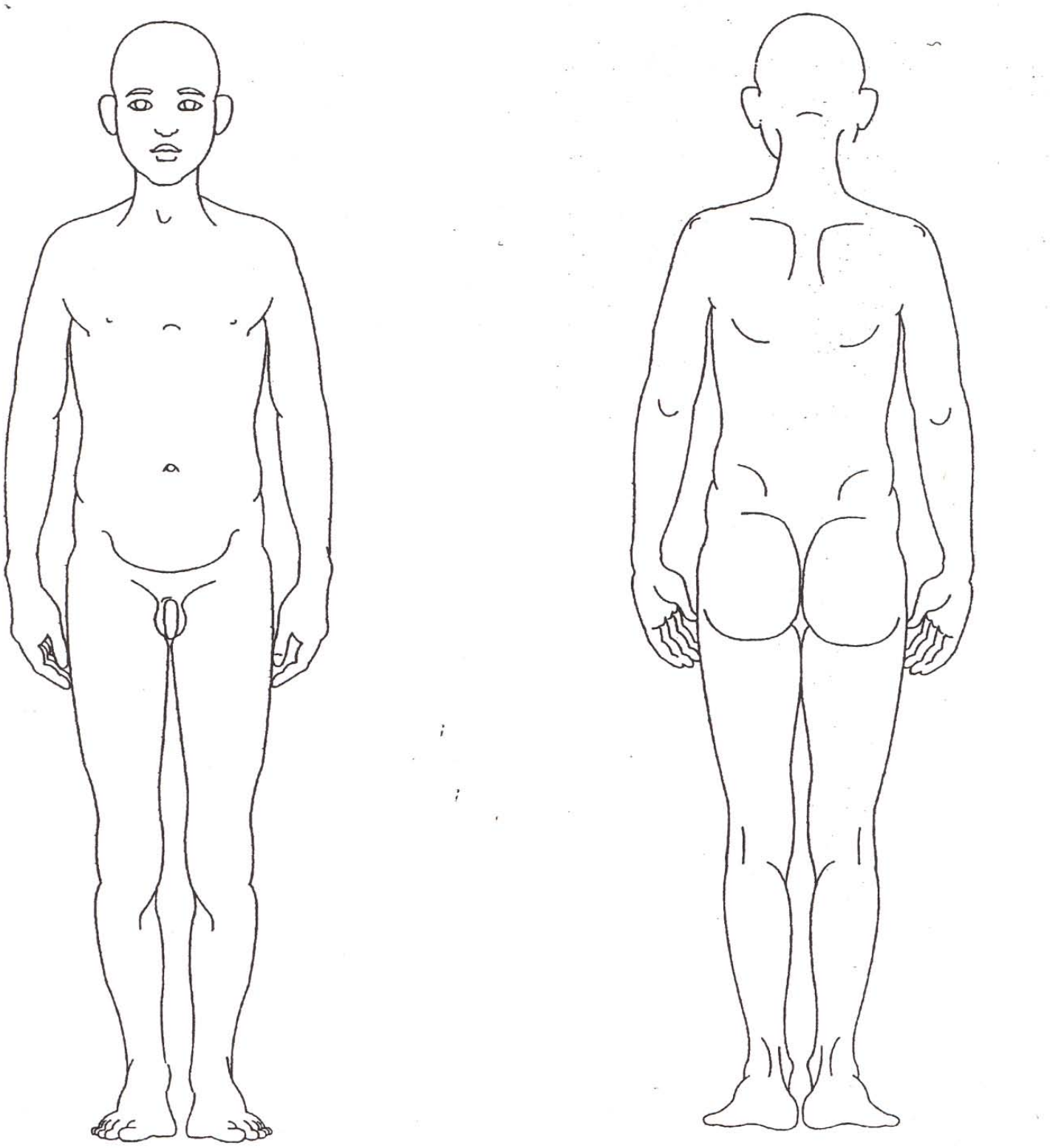
Numerically mark each finding (1, 2, 3…) and provide a detailed description.



APPENDIX F

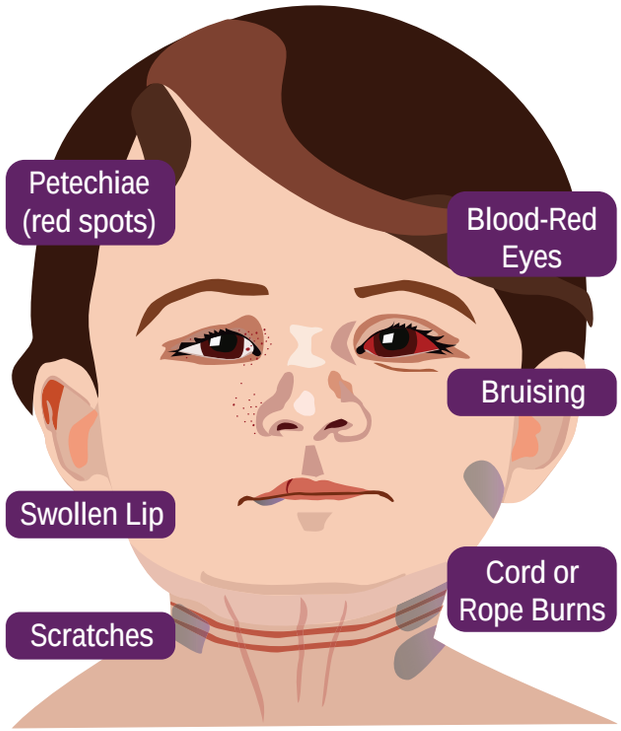
MALE ADOLESCENT BODY MAP/DIAGRAM

Numerically mark each finding (1, 2, 3…) and provide a detailed description.



Strangulation

Visible Signs (may not be present)



Additional Signs and Symptoms

A larger version of the graphic above which contains detailed signs and symptoms is available for download at strangulationtraininginstitute.com/resources/library/pediatric/

This project is supported all or in part by Grant No. 2016-TA-AX-K067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Strangulation is often under-recognized in children but no less serious than in adults. *Unconsciousness may happen within seconds and death within minutes.* Children may be strangled when caregivers lose control, as part of physical and/or sexual assault, or as a way of demonstrating ultimate power and control over the child. Regardless, strangulation of a child can have long-lasting physical and mental health effects and can result in death even months later.

Child victims of strangulation may feel terror and extreme pain. If strangulation continues, unconsciousness will follow. Before sliding into unconsciousness, a child victim may resist violently, producing injuries to their own neck or to the face or hands of their attacker. These defensive injuries may not be present in young or developmentally disabled children, or if the victim is physically or chemically restrained.

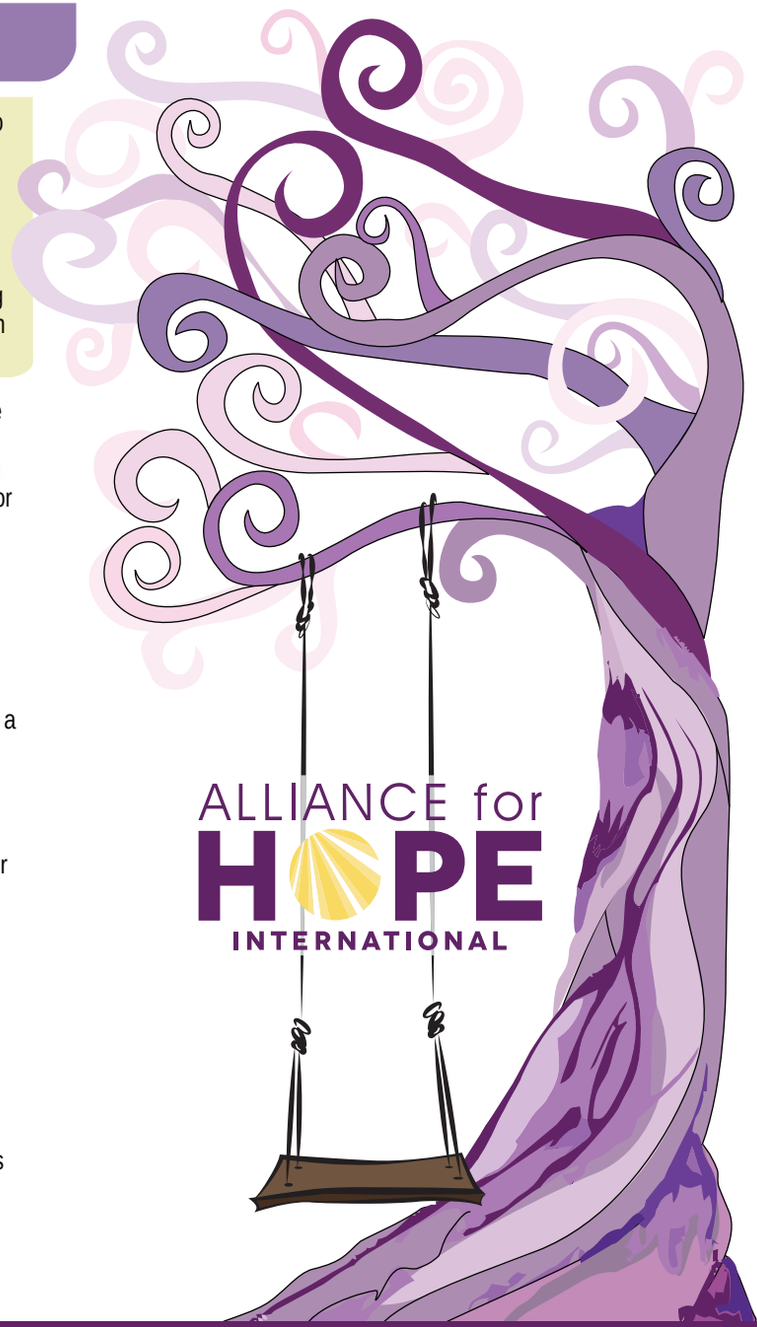
Observing Changes

Documentation by photographs organized in order, for a period of days after the attack is very helpful in beginning and building a journal of proof.

Victims should be given medical attention if they experience difficulty breathing, speaking, swallowing or experience nausea, vomiting, lightheadedness, headache or holding head, accidental urination and/or bowel movement in children not diapered. A medical evaluation may be extremely important in detecting internal injuries and saving a life.

Losing Conciousness

Victims may lose awareness or faint by any one or all of the following methods: blocking of the blood vessels from the heart in the neck (taking away oxygen from the brain), blocking of the large veins in the neck (preventing deoxygenated blood from exiting the brain), and closing off the tube from the mouth to the lungs, making breathing impossible.



TRAINING INSTITUTE on STRANGULATION PREVENTION

a program of ALLIANCE for HOPE INTERNATIONAL

strangulationtraininginstitute.com

Illustration & Graphics by Yesenia Aceves

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(888) 511-3522
allianceforhope.com

STRANGULATION
What Parents and Caregivers
NEED TO KNOW

Monitor the Child's SIGNS

Date & Time	Photograph and Journal the Child's Signs

Monitor the Child's SYMPTOMS

Date & Time	Journal the Child's Symptoms

Date & Time	Journal Any Other Sensation

Signs of Strangulation

Head- pinpoint red spots (petechiae) on scalp, hair pulled, bump(s), skull fracture(crack), concussion.

Face- red or flushed, petechiae, scratch marks.

Eyes and Eyelids- petechiae to the left or right eyeball, bloodshot eyes.

Ear- petechiae (external and/or ear canal), bleeding from ear canal.

Nose- bloody nose, broken nose, petechiae.

Mouth- bruising, swollen tongue, swollen lips, cuts/abrasions(scrapes).

Under the chin- redness, scratch marks, bruise(s), abrasions.

Neck- redness, scratch marks, fingernail marks, bruise(s), abrasions, swelling, ligature(tie) or clothing marks.

Chest and Shoulders- redness, scratch marks, bruise(s), abrasions.

Symptoms of Strangulation

Voice changes- raspy and/or hoarse voice, coughing, unable to speak, complete loss of voice.

Swallowing changes- trouble swallowing, painful swallowing, neck pain, nausea/vomiting, drooling.

Breathing changes- difficulty breathing, hyperventilation, unable to breathe.

Behavioral changes- restlessness or aggressiveness, problems concentrating, amnesia(loss of memory), agitation, Post-traumatic Stress Syndrome, hallucinations.

Vision changes- complete loss or black & white vision, seeing 'stars', blurry, darkness, fuzzy around the eyes.

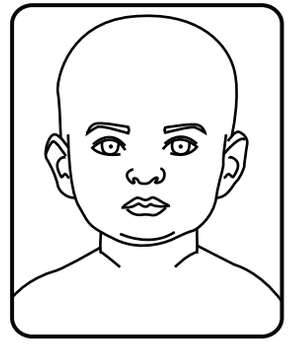
Hearing changes- complete loss of hearing, gurgling, ringing, buzzing, popping, pressure, tunnel-like hearing.

Other changes- Memory loss, unconsciousness, dizziness, headaches, involuntary urination or bowel movement in potty-trained child, loss of strength, going limp.

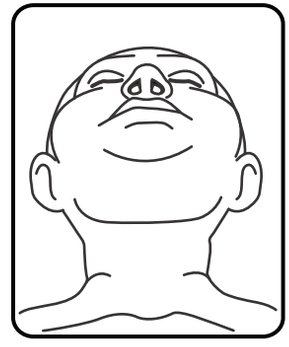
Diagrams to Mark Visible Injuries

Use a pen or a marker to indicate any visble signs and/or symptoms.

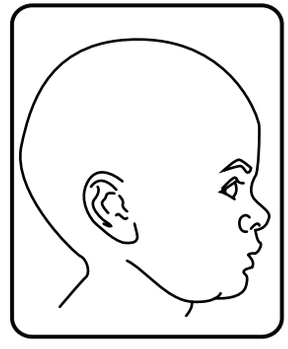
Front



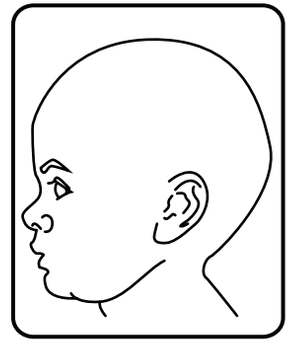
Under Chin



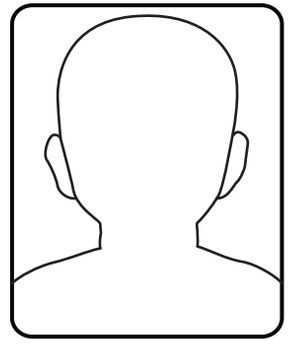
Right Side



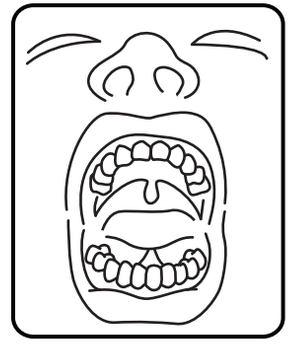
Left Side



Back

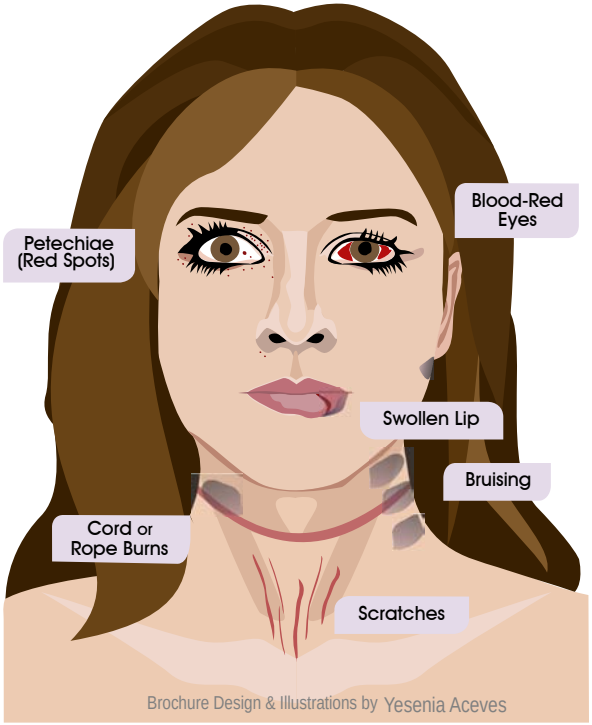


Inside Mouth



Strangulation

Visible Signs



Additional Signs and Symptoms

A larger version of the graphic above which contains detailed signs and symptoms is available for download at https://www.strangulationtraininginstitute.com/Esperanza

This project is supported all or in part by Grant No. 2016-TA-AX-K067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Observing Changes

Documentation by photographs sequentially for a period of days after the assault is very helpful in establishing a journal of physical evidence.

Victims should also seek medical attention if they experience difficulty breathing, speaking, swallowing or experience nausea, vomiting, lightheadedness, headache, involuntary urination and/or defecation, especially pregnant victims. A medical evaluation may be crucial in detecting internal injuries and saving a life.

Losing Consciousness

Victims may lose consciousness by any one or all of the following methods: blocking of the carotid arteries in the neck (depriving the brain of oxygen), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and closing off the airway, making breathing impossible.

Strangulation has only recently been identified as one of the most lethal forms of domestic violence: *unconsciousness may occur within seconds and death within minutes.* When domestic violence perpetrators choke (strangle) their victims, not only is this a felonious assault, but it may be an attempted homicide. Strangulation is an ultimate *form of power and control, where* the batterer can demonstrate control over the victim's next breath; having devastating psychological effects or a potentially fatal outcome.

Sober and conscious victims of strangulation will first feel terror and severe pain. If strangulation persists, unconsciousness will follow. Before lapsing into unconsciousness, a strangulation victim will usually resist violently, often producing injuries of their own neck in an effort to claw off the assailant, and frequently also producing injury on the face or hands to their assailant. These defensive injuries may not be present if the victim is physically or chemically restrained before the assault.

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Facts Victims of Strangulation (Choking) **Need to Know**

Monitor Your SIGNS

Date & Time	Journal Your Signs

Monitor Your Symptoms

Date & Time	Journal Your Symptoms

Date & Time	Journal Any Other Sensation

Signs of Strangulation

Head- pinpoint red spots (petechiae) on scalp, hair pulled, bump(s), skull fracture, concussion.

Face- red or flushed, petechiae, scratch marks.

Eyes and Eyelids- petechiae to the left or right eyeball, bloodshot eyes.

Ear- petechiae (external and/or ear canal), bleeding from ear canal.

Nose- bloody nose, broken nose, petechiae.

Mouth- bruising, swollen tongue, swollen lips, cuts/abrasions.

Under the chin- redness, scratch marks, bruise(s), abrasions.

Neck- redness, scratch marks, fingernail impressions, bruise(s), abrasions, swelling, ligature marks.

Chest and Shoulders- redness, scratch marks, bruise(s), abrasions.

Symptoms of Strangulation

Voice changes- raspy and/or hoarse voice, coughing, unable to speak, complete loss of voice.

Swallowing changes- trouble swallowing, painful swallowing, neck pain, nausea/vomiting, drooling.

Breathing changes- difficulty breathing, hyperventilation, unable to breathe.

Behavioral changes- restlessness or combativeness, problems concentrating, amnesia, agitation, Post-traumatic Stress Syndrome, hallucinations.

Vision changes- complete loss or black & white vision, seeing 'stars', blurry, darkness, fuzzy around the eyes.

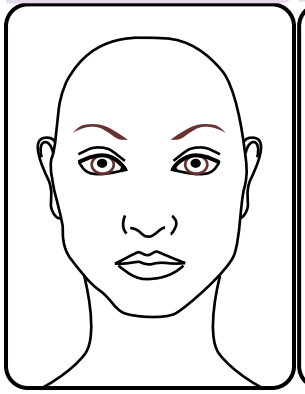
Hearing changes- complete loss of hearing, gurgling, ringing, buzzing, popping, pressure, tunnel-like hearing.

Other changes- Memory loss, unconsciousness, dizziness, headaches, involuntary urination or defecation, loss of strength, going limp.

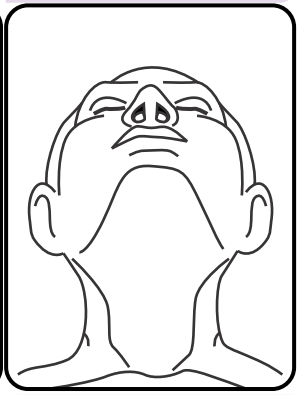
Diagrams to Mark Visible Injuries

Use a pen or a marker to indicate any visble signs and/or symptoms.

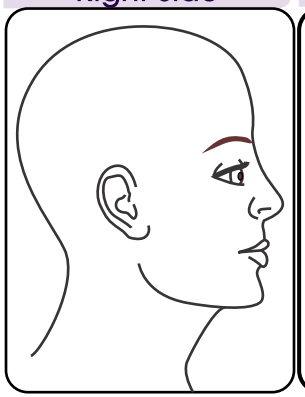
Front



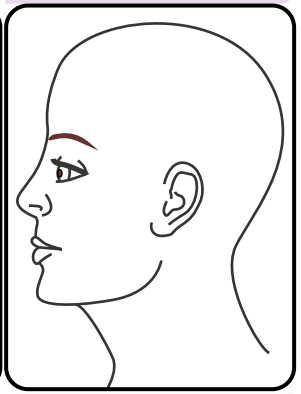
Under Chin



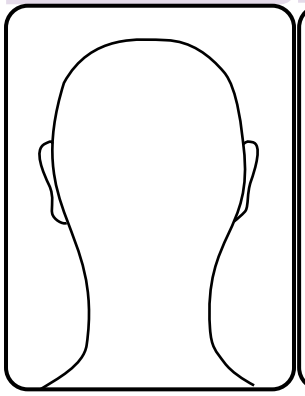
Right Side



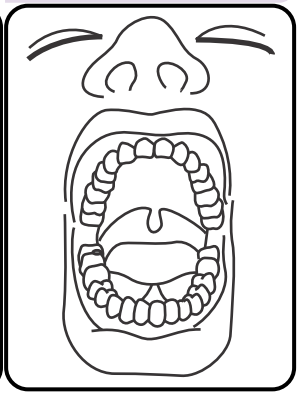
Left Side



Back

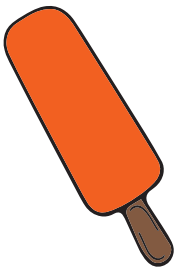


Inside Mouth



PEDIATRIC STRANGULATION DISCHARGE INSTRUCTIONS

Because your child has reported being "choked" or strangled, we are providing you with the following instructions:



Consider a small ice pack to the neck area for relief of pain.
Offer popsicles or offer fluids that are cooling to the throat. Kids like this.
Make sure someone is with your child for the next 24-48 hours.

Please report to the nearest ER or call 911 immediately if you notice the following symptoms or changes in your child:

- Difficulty breathing or shortness of breath
- Loss of consciousness or "passing out"
- Changes in your child's voice or difficulty speaking
- Difficulty swallowing, lump in throat, or muscle spasms in throat or neck
- Tongue swelling and/or drooling
- Swelling to throat or neck, new, worsening or persisting throat pain ("My throat still hurts")
- Prolonged nose bleed (greater than ten minutes)
- Continues to cough or coughing up blood
- Continues to vomit or vomiting up blood
- Left or right-sided weakness, numbness, or tingling (child cannot use arm or leg)
- New or Worsening headache
- Seizures (Abnormal, rhythmic or shaking movements)
- Behavioral changes or memory loss
- Thoughts of harming self or others ie: ("I do not want to live") ("I am going to hurt him")

It is important that the above symptoms be evaluated by a physician.

After your child's evaluation, keep a list of any changes in symptoms for your child's physician and law enforcement.
If symptoms worsen, report to your child's physician or nearest ER. You should follow-up with law enforcement regarding documentation of any and all information about your child's symptoms.

It is important that you have a follow-up medical screening in 1-2 weeks at the clinic or with your child's physician. Make sure to bring these discharge instructions with you.

IF you misplace these instructions call _____ or your provider for a copy.

I have been made aware of and understand the importance of following the above outlined instructions.

Patient/Parent Signature	Provider Signature	Date
1 copy patient file	1 copy patient	