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

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

**FACE**
- Petechiae
- Scratch marks
- Facial drooping
- Swelling

**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
- Coughing
- Unable to speak
- Nausea
- Trouble swallowing
- Drooling
- Painful to swallow
- Sore throat
- Clearing the throat
- Stridor

**BREATHING CHANGES**
- Difficulty breathing
- Respiratory distress
- Unable to breathe

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 Academy 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 numerous textbooks and papers on dealing with the forensic medical aspects of violence.
## RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

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

### 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 symptoms.)
- 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 symptoms)
- And reliable home monitoring

### Recommended Radiographic Studies to Rule Out Life-Threatening Injuries*

<table>
<thead>
<tr>
<th>(including delayed presentations of up to 6 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CT Angio of carotid/vertebral arteries (GOLD STANDARD for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) or</td>
</tr>
<tr>
<td>• CT neck with contrast (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) or</td>
</tr>
<tr>
<td>• MRA of neck (less sensitive than CT Angio for vessels, best for soft tissue trauma) or</td>
</tr>
<tr>
<td>• MRI of neck (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) or</td>
</tr>
<tr>
<td>• MRI/MRA of brain (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)</td>
</tr>
<tr>
<td>• Carotid Doppler Ultrasound (NOT RECOMMENDED: least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid)</td>
</tr>
</tbody>
</table>

*References on page 2*

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

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

- Consult Neurology Neurosurgery/Trauma Surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia

---

*Strangulation patient presents to the Emergency Department*


13. Sethi PK, Sethi NK, Torgovnick J, Arsura E, Delayed Left Anterior and Middle Cerebral Artery Hemorrhagic Infarctions After Attempted Strangulation, A case report; Am J Forensic Med Pathol 2012;33:105-106


**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

| Pressure Applied | Occlusion of carotid arteries | Time To render Unconscious | Anoxic Seizure | Loss of Bladder Control | Loss of Bowel Control | Death/Respirations Ceases
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>0 seconds</td>
<td>6.8 sec. (5-10 sec. range)</td>
<td>≈ 6.8 seconds Adult Male</td>
<td></td>
<td></td>
<td></td>
<td>Beginning Time (^2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Anoxic Seizure</td>
<td></td>
<td></td>
<td>(First patient, 1/14 dead at 62 seconds)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Death/Respirations Ceases Ending Time (^2) (All patients, 14/14 dead between 62 and 152 seconds)</td>
</tr>
</tbody>
</table>

**References and Resources**


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
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: ____________________________
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: ______________________________________________________

4
Cranial Nerve Assessment

<table>
<thead>
<tr>
<th>Nerve</th>
<th>Assessment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CN I Olfactory</td>
<td>Identifies a familiar scent with eyes closed (coffee)</td>
<td>□ WNL □ Unable to assess</td>
</tr>
<tr>
<td>CN II Optic</td>
<td>One eye at a time, visual fields tested by having patient cover one eye and identifying number of fingers in each visual field</td>
<td>□ WNL □ Unable to assess</td>
</tr>
<tr>
<td>CN III Oculomotor</td>
<td>Check pupillary response with light, check accommodation by moving your finger towards the patient's nose, check for EOMs</td>
<td>□ WNL □ Unable to assess</td>
</tr>
<tr>
<td>CN IV Trochlear</td>
<td>Have patient look down and in</td>
<td>□ WNL □ Unable to assess</td>
</tr>
<tr>
<td>CN V Trigeminal</td>
<td>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.</td>
<td>□ WNL □ Unable to assess</td>
</tr>
<tr>
<td>CN VI Abducens</td>
<td>Have patient move their eyes from side to side</td>
<td>□ WNL □ Unable to assess</td>
</tr>
<tr>
<td>CN VII Facial</td>
<td>Ask patient to smile and raise eyebrows, ask them to keep eyes and lips closed while you try to open them</td>
<td>□ WNL □ Unable to assess</td>
</tr>
<tr>
<td>CN VIII Acoustic/Vestibular</td>
<td>Test hearing with rubbing fingers or whispering</td>
<td>□ WNL □ Unable to assess</td>
</tr>
<tr>
<td>CN IX Glossopharyngeal</td>
<td>Observe patient swallow and check gag reflex</td>
<td>□ WNL □ Unable to assess</td>
</tr>
<tr>
<td>CN X Vagus</td>
<td>Assess gag and swallowing with IX, assess patient's voice characteristics</td>
<td>□ WNL □ Unable to assess</td>
</tr>
</tbody>
</table>
CN XI Spinal Accessory
- Have patient shrug shoulders with resistance, have patient move head from side to side.

CN XII Hypoglossal
- Have patient stick out tongue and move it internally from right to left, assess articulation.

Describe abnormalities here: _____
☐ Cranial nerve assessment normal

DIAGRAMS (Document any injuries):

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.
Visible Signs (may not be present)

Visible Signs for Strangulation
- Petechiae (red spots)
- Blood-Red Eyes
- Bruising
- Swollen Lip
- Scratches
- Cord or Rope Burns

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/

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.

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.
<table>
<thead>
<tr>
<th>Monitor the Child's SIGNS</th>
<th>Signs of Strangulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time</td>
<td>Photograph and Journal the Child's Signs</td>
</tr>
<tr>
<td></td>
<td>Head- pinpoint red spots (petechiae) on scalp, hair pulled, bump(s), skull fracture(crack), concussion.</td>
</tr>
<tr>
<td></td>
<td>Face- red or flushed, petechiae, scratch marks.</td>
</tr>
<tr>
<td></td>
<td>Eyes and Eyelids- petechiae to the left or right eyeball, bloodshot eyes.</td>
</tr>
<tr>
<td></td>
<td>Ear- petechiae (external and/or ear canal), bleeding from ear canal.</td>
</tr>
<tr>
<td></td>
<td>Nose- bloody nose, broken nose, petechiae.</td>
</tr>
<tr>
<td></td>
<td>Mouth- bruising, swollen tongue, swollen lips, cuts/abrasions(scrapes).</td>
</tr>
<tr>
<td></td>
<td>Under the chin- redness, scratch marks, bruise(s), abrasions.</td>
</tr>
<tr>
<td></td>
<td>Neck- redness, scratch marks, fingernail marks, bruise(s), abrasions, swelling, ligature(tie) or clothing marks.</td>
</tr>
<tr>
<td></td>
<td>Chest and Shoulders- redness, scratch marks, bruise(s), abrasions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitor the Child's SYMPTOMS</th>
<th>Symptoms of Strangulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time</td>
<td>Journal the Child's Symptoms</td>
</tr>
<tr>
<td></td>
<td>Voice changes- raspy and/or hoarse voice, coughing, unable to speak, complete loss of voice.</td>
</tr>
<tr>
<td></td>
<td>Swallowing changes- trouble swallowing, painful swallowing, neck pain, nausea/vomiting, drooling.</td>
</tr>
<tr>
<td></td>
<td>Breathing changes- difficulty breathing, hyperventilation, unable to breathe.</td>
</tr>
<tr>
<td></td>
<td>Behavioral changes- restlessness or aggressiveness, problems concentrating, amnesia(loss of memory), agitation, Post-traumatic Stress Syndrome, hallucinations.</td>
</tr>
<tr>
<td></td>
<td>Vision changes- complete loss or black &amp; white vision, seeing ‘stars’, blurry, darkness, fuzzy around the eyes.</td>
</tr>
<tr>
<td></td>
<td>Hearing changes- complete loss of hearing, gurgling, ringing, buzzing, popping, pressure, tunnel-like hearing.</td>
</tr>
<tr>
<td></td>
<td>Other changes- Memory loss, unconsciousness, dizziness, headaches, involuntary urination or bowel movement in potty-trained child, loss of strength, going limp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Journal Any Other Sensation</th>
</tr>
</thead>
</table>

Use a pen or a marker to indicate any visible signs and/or symptoms.
Visible Signs

- Blood-Red Eyes
- Petechiae (Red Spots)
- Swollen Lip
- Bruising
- Scratches
- Cord or Rope Burns

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

Strangulation

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.
## Monitor Your SIGNS

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Journal Your Signs</th>
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| Monitor Your Symptoms

<table>
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<tr>
<th>Date &amp; Time</th>
<th>Journal Your Symptoms</th>
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</table>

## 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

- **Front**
- **Under Chin**
- **Right Side**
- **Left Side**
- **Back**
- **Inside Mouth**

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