

RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER
Emergency Department

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| Document No: | | Page 1 of 2 |
| Title: Strangulation Evaluation | Effective Date: | <input type="checkbox"/> Hospital-Wide <input checked="" type="checkbox"/> Departmental |
| Approved By: Janis Rustad Chief Nursing Officer | | <input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input checked="" type="checkbox"/> Guideline |

1. DEFINITIONS

- 1.1 Strangulation. A form of asphyxia (lack of oxygen) characterized by closure of the blood vessels and/or air passages of the neck by external pressure on the neck. ^{3.1}
- 1.2 Suffocation. External prevention of respiration via occlusion of the nose and mouth with an object. ^{3.1}
- 1.3 CTA. Computed Tomography Angiography. ^{3.3}
- 1.4 Neurological signs and symptoms. Loss of consciousness, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symptoms. ^{3.2}
- 1.5 Petechial hemorrhage. Minute hemorrhagic spots of pinpoint to pinhead size, in skin. ^{3.3}
- 1.6 Dysphagia. Difficulty in swallowing. ^{3.3}
- 1.7 Dysphonia. Difficulty or pain in speaking. ^{3.3}
- 1.8 Subcutaneous Emphysema. The presence of air or gas in the subcutaneous tissue. ^{3.3}
- 1.9 Dyspnea. Shortness of breath, a subjective difficulty or distress in breathing. ^{3.3}
- 1.10 Forensic Medical Examination. Examination conducted by a SANE with the purpose of discovering and preserving evidence of assault. ^{3.4}
- 1.11 SANE. Sexual Assault Nurse Examiner.

2. GUIDELINES

- 2.1 Triage care to medical clearance or admission
 - a. When triaging patients presenting with a chief complaint of assault, sexual assault, and/or neck/throat issues, the triage nurse will ask “Were you choked or strangled? Was anything placed on or around your neck, including hands?”
 - b. If the answer to the question above is (1) yes, (2) I can’t remember, or (3) is in any way vague, refer to Management of Blunt Neck Trauma Due to Strangulation algorithm. (Attachment A).
 - c. Assess for the following: *Neurological signs and symptoms, petechial hemorrhage to the conjunctiva, behind the ears, periorbital areas, dysphagia, dysphonia, dyspnea, and subcutaneous emphysema.*
 - d. If any of the above are present, the patient should be medically cleared via the Blunt Neck Trauma Due to Strangulation Algorithm.

- e. Contact law enforcement in the jurisdiction where the assault/ sexual assault occurred. (Refer to RUHS-MC Policy No. 626 Abuse, Neglect, and/or Domestic Violence Assessment and Reporting).
- f. Once the patient is medically cleared, if a *Forensic Medical Examination* is requested by law enforcement, the patient will be transferred to the Sexual Assault Response Team for a *Forensic Medical Examination*.

2.2 Emergency Department Nursing Assessment

- a. Perform a head-to-toe assessment, including detailed neck, face, eyes, eyelids, mouth, shoulders, chest, chin, behind the ears, and scalp inspection. Inspect hands and fingernails. Inspect for defensive or self-inflicted injuries.
- b. Measure the circumference of the neck during initial assessment and every 12 hours while in Emergency Department.
- c. If patient meets admission criteria, plan for 24 hour observation, to include neck measurements every 12 hours.

3. REFERENCES

- 3.1 Faugno, D., Trujillo, A., Bachmeier, B., Speck, P. *Manual Nonfatal Strangulation Assessment for Health Care Providers and First Responders*, 2017.
- 3.2 Training Institute on Strangulation Prevention. *Recommendations for the Medical/Radiographic Evaluation of Acute Adult, Non-Fatal Strangulation*, 2016.
- 3.3 *Stedman's Medical Dictionary, 28th Edition*, 2005.
- 3.4 California Emergency Management Agency, California Medical Protocol for the Examination of Sexual Assault and Child Abuse Victims, 2001.

4. ATTACHMENTS

- A. Management of Blunt Neck Trauma Due To Strangulation Algorithm

Document History:

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|--|------------------------------|--------------------------------|-----------------------------|
| Release Dates: N/A | | Retire Date: N/A | |
| Document Owner: Emergency Department | | Replaces Policy: N/A | |
| Date Reviewed | Reviewed By: | Revisions Made? | Revision Description |
| 06/5/2017 | Sexual Assault Response Team | None | |
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