# Strangulation/Neck Compression CHECKLIST



Patient Name:	_DOB://
Address:	
NEUROLGICAL	
☐ Loss of memory	
☐ Fainting/Loss of consciousness	3
☐ Behavioral changes	
☐ Loss of sensation/ Extremity W	eakness
☐ Difficulty Speaking	
☐ Urinary incontinence	
☐ Loss of bowel control	
☐ Vomiting	
☐ Dizziness or Headaches	
<ul><li>☐ Unsteady</li><li>☐ Seizure</li></ul>	
□ Seizure	
FACE	
☐ <b>Petechiae</b> eyeball/eye lid/ face	/scalp/earlobe(s) or
internal in mouth	
☐ Bloody red eyeball	
☐ Droopy face/eyelids	
<ul><li>☐ Bald Spots</li><li>☐ Ringing in ear</li></ul>	
0 0	
☐ Ear, face, head and/or neck scratches/bleeding/bruising/sw	ellina
☐ Mouth cuts/bruising/swollen lips	-
☐ finger /ligature marks on neck	J
☐ sore throat /difficulty swallowing	9
CHEST	
☐ Pain	
☐ Redness/scratch marks/abrasions/bruising	
☐ Redness/scratch marks/abrasic	ons/bruising

☐ 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:

- Information where practicable should be detailed in physical and mental assessment documentation but also include if possible; incident time, person using violence, incident details and witnesses.
- 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
- Referral to the Hospital Emergency for neurological and or ENT consult should be considered

### **CONSIDERATIONS**

- Survivors may look fine and say they are fine, but just underneath the skin there may be internal injury and or delayed complications.
- The survivor may develop delayed swelling, haematomas, vocal cord immobility, displaced laryngeal fractures, fractured hyoid bone, airway obstruction, TBI, stroke or even delayed death from carotid dissection, blood clot, respiratory complications or anoxic brain damage.
- Survivors of non-fatal strangulation are 7 times more likely to experience lethality via homicide. Referral to 1800 RESPECT for family violence support should always be considered.

#### For Patient going home

 Please provide "Strangulation/Neck Compression Discharge Instructions" when discharging patients.

For further advice or information, consult with the VIFM on 03 9684 4492