VCU HEALTH SYSTEM
EMERGENCY DEPARTMENT RESOURCE

SUBJECT:  Care of the Non-Fatal Strangulation or Hanging Patient
FILE SECTION:  S

PURPOSE:
To establish a uniform response to non-fatal strangulation or hanging patients.

WHO CAN PERFORM:  Physicians, Advanced Practice Providers, Nurses

SUPPORTIVE DATA:

Non-fatal strangulations and suffocations can be deceptive because often there are no external
signs of injury. It is important that a complete medical/forensic exam is performed to identify
occult injuries. Radiological studies can help identify injuries to the vascular, bony/cartilaginous,
soft tissue of the neck and anoxic brain injuries. Non-fatal hangings should be treated similarly
as non-fatal strangulations. Safety planning and referrals are an essential part of the plan of care.

A. Positive physical finding needing radiological studies:
   a. Loss of consciousness
   b. Any visual changes: spots, flashing lights, tunnel vision
   c. Facial, intraoral or conjunctival petechial hemorrhage
   d. Ligature marks or neck contusions
   e. Swelling of the soft tissues in the neck or tenderness around the carotid artery
   f. Incontinence (bladder and or bowel)
   g. Neurologic signs (e.g. LOC, seizures, altered mental status, amnesia)
   h. Dysphonia, Aphonia, Odynophagia
   i. Dyspnea
   j. Subcutaneous emphysema

B. Studies to consider:
   a. CT-A of the neck – preferred imaging modality
      If CT-A is contraindicated consider the following:
   b. MRI/MRA of neck for evaluation of the soft tissue
   c. MRI/MRA of the brain for evaluation of anoxia, stroke, intracerebral petechial hemorrhage
   d. Carotid Doppler Ultrasound
   e. Nasopharyngoscopy/Laryngoscopy if patient has severe sore throat or voice
      changes are present.
C. Admission/Observation recommendations
   a. Positive radiological studies
   b. Severity of Symptoms with negative radiological studies
   c. Unable to clear medically
   d. Unreliable home monitoring

D. Consultation recommendations
   a. In-house Forensic Nurse Examiner
   b. Social Worker or Forensic Advocate

E. Discharge
   a. Patients that are discharged should be instructed to have someone stay with them.
   b. Patient that are discharged should be instructed to return to the Emergency Department for any of the following symptoms: difficulty breathing, painful swallowing, SOB, hoarseness, inability to speak, restlessness, depression, or suicidal ideations.
   c. Important discharge information can be found in the “Soft Tissue of the Neck” patient education in the electronic medical record and should be given to the patient upon discharge.

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STAKEHOLDER REVIEWERS and APPROVAL DATES:
RESOURCES:

1. Department of Emergency Medicine Forensic Nurse Examiner Team
2. International Association of Forensic Nurses
3. Ralph J. Riviello, MD, MS, FACEP
   Professor and Vice-Chair of Clinical Operations
   Medical Director, Philadelphia Sexual Assault Response Center
   Department of Emergency Medicine

REFERENCES:


**RESPONSIBILITY:** It is the responsibility of Emergency Department leadership or management member (or appropriate designee), to implement, maintain, evaluate, review and revise this procedure.

*This is a standard phrase to be in each procedure-do not amend or revise*

**Signature area:**

*Once all final signatures are obtained, a scanned copy of the final procedure will be moved to a secure shared file for PPLC, downloaded into Zavanta, and published on the intranet.*

__________________________  ______________________
Division Practice Committee Chair  Date

__________________________  ______________________
Professional Practice Leadership Council Chair  Date

__________________________  ______________________
Division Director  Date
(or CNO if procedure crosses more than one division)
(Other signatures may be added if appropriate, and with the approval of PPLC)

REVIEWED/REVISED (HISTORICAL):
Original and subsequent review and revision history--who reviewed and date of review, who approved and date of approval. Needs to include at least one Division Practice Council and PPLC approval dates.