Canterbury
District Health Board
Te Poari Hauora ō Waitaha

SURNAME .... NHI ....
FIRST NAME .... DOB ....
ADDRESS ....
.... POSTCODE ....
(or affix patient label)

A C U T E P O S T - S T R A N G U L A T I O N

Acute Post-Strangulation Documentation

NOTE: women may better understand, and be more responsive to the word choked rather than strangled

SUBJECTIVE/HISTORY

Description of event *Date(s), time(s), event(s), hospital/location and any other persons present*	
Who choked/strangled you (and relationship)?	
Did the person approach you from	☐ Front ☐ Behind
Where on your body were you held?	
How did the person choke/strangle you?	☐ One arm: ☐ Left ☐ Right ☐ Unknown ☐ One hand: ☐ Left ☐ Right ☐ Unknown Fist: ☐ Open ☐ Closed ☐ Unknown ☐ Two hands ☐ Ligature/rope/wire: .... ☐ Other: *(please specify)* ....
Consciousness	Did you faint or lose consciousness (LOC)? ☐ Yes ☐ No Estimated length LOC: *(please insert minutes/hours)*
Incontinence	Did you wet or soil yourself? ☐ Yes ☐ No ☐ Urination ☐ Defecation
Do you have other injuries?	
Did you try to protect yourself?	☐ Yes ☐ No How: ....

Symptoms		NO	YES, at presentation	YES, at time of event to present
	Headache or head pain	☐	☐	☐
	Neck pain	☐	☐	☐
	Difficulty breathing	☐	☐	☐
	Tongue swelling	☐	☐	☐
	Fits or seizures	☐	☐	☐
	Confusion	☐	☐	☐
	Drowsiness	☐	☐	☐
	Dizziness or light-headedness	☐	☐	☐
	Difficulty speaking or understanding speech	☐	☐	☐
	Numbness, paralysis, or weakness (usually on one side of the body)	☐	☐	☐
	Loss of balance or coordination	☐	☐	☐
	Difficulty walking	☐	☐	☐
	Drooping eyelid	☐	☐	☐
	Vision problems	☐	☐	☐
	Vomiting	☐	☐	☐
	Difficulty swallowing, painful throat	☐	☐	☐
	Voice changes, eg. raspy or hoarse, *if yes, please describe*	☐	☐	☐

Pregnancy	Are you pregnant? ☐ Yes ☐ No If pregnant, vaginal bleeding? ☐ Yes ☐ No

Medications and drugs		NO	YES	WHAT AND WHEN
	Have you taken any aspirin or warfarin or blood thinners?	☐	☐	
	Have you taken any other medications?	☐	☐	
	Have you taken any alcohol or other drugs?	☐	☐	

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OBJECTIVE/EXAMINATION

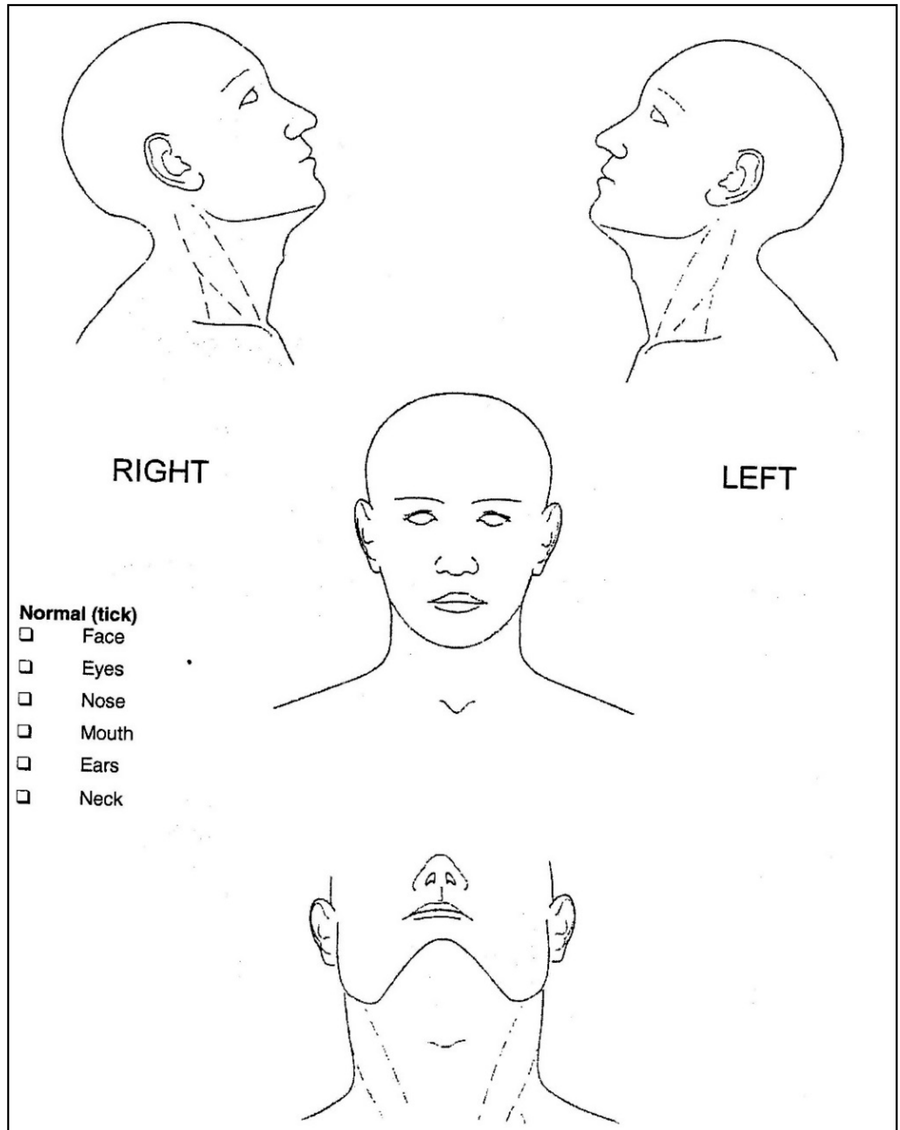
A study of 300 strangulation cases suggested that only 50% have physical findings on initial evaluation (Strack G, McClane G & Hawley D, 2001).

Good lighting is essential for a thorough examination of the head, neck, ears and inside the mouth.

Look for strangulation injuries behind and in the ears, back of neck, chest and shoulder areas, eyelids (above and under), jaw and upper chin. Tick all that apply. Use body maps to record injuries.

- ☐ **No injury noted/visible**
- ☐ Scratch marks
- ☐ Bruising
- ☐ Red eyes
- ☐ Red spots/petechial haemorrhages
- ☐ Neck swelling

Consider follow-up examination as many signs evolve or resolve over time



Assessment		NO	YES	DETAIL
	Airway or breathing problems?	☐	☐	
	Suspected brain injury?	☐	☐	
	Other visible injuries?	☐	☐	
	Other problems *(describe)*	☐	☐	
	No obvious serious problems	☐	☐	
Plan		**NO**	**YES**	**DETAIL**
	Discharge home?	☐	☐	
	Refer for further assessment?	☐	☐	
	Police contacted? *(with/out patient consent)*	☐	☐	
	Other referrals?	☐	☐	
Follow-up appointment				
Assessment	Date:			Time:
	Assessor's name:			
	Designation:			Signature: ....

A COPY OF THIS REFERRAL FORM AND A COPY OF THE CLINICAL NOTES MUST BE SENT TO THE CHILD AND FAMILY SAFETY SERVICE OR SMHS FST OR COMPLETED ON OR ATTACHED TO AN ePROSAFE REFERRAL