Canterbury District Health Board

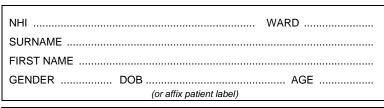
Te Poari Hauora ō Waitaha

| NHI                      | WARD |  |  |  |  |  |
|--------------------------|------|--|--|--|--|--|
| SURNAME                  |      |  |  |  |  |  |
| FIRST NAME               |      |  |  |  |  |  |
| GENDER DOB               | AGE  |  |  |  |  |  |
| (or affix patient label) |      |  |  |  |  |  |

## **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   | One arm: Left Right Ur  | nknown   |     |          |              |                  |  |
| choke/strangle you?  | 🗌 One hand: 🗌 Left 🔲 Right 🗌 Ur   | nknown   | F   | ist: 🗌 C | Dpen 🗌 Close | ed 🗌 Unknown     |  |
|  | Two hands   |          |     |          |              |                  |  |
|  | Ligature/rope/wire:   |          |     |          |              |                  |  |
|  | Other: (please specify)   |          |     |          |              |                  |  |
| Consciousness  | Did you faint or lose consciousness (LOC  | )?       |     |          |              | 🗌 Yes 🗌 No       |  |
| ••••••   | Estimated length LOC: (please insert minute   | ,        | .)  |          |              |                  |  |
| lu a cu du cu a c  |   | es/nouis | /   |          |              |                  |  |
| Incontinence   | Did you wet or soil yourself?   |          |     |          |              | Yes No           |  |
|  | Urination Defecation  |          |     |          |              |                  |  |
| Do you have other  |   |          |     |          |              |                  |  |
| injuries?  |   |          |     |          |              |                  |  |
| Did you try to protect<br>yourself?  | ☐ Yes ☐ No How:   |          |     |          |              |                  |  |
|  |   |          |     |          | YES, at      | YES, at time of  |  |
| Symptoms   |   |          |     | NO       | presentation | event to present |  |
|  | Headache or head pain   |          |     |          | ·            |                  |  |
|  |   |          |     |          |              |                  |  |
|  | Neck pain   |          |     |          |              |                  |  |
|  | Neck pain   |          |     |          |              |                  |  |
|  | Neck pain<br>Difficulty breathing   |          |     |          |              |                  |  |
|  | Neck pain   |          |     |          |              |                  |  |
|  | Neck pain<br>Difficulty breathing<br>Tongue swelling  |          |     |          |              |                  |  |
|  | Neck pain<br>Difficulty breathing<br>Tongue swelling<br>Fits or seizures  |          |     |          |              |                  |  |
|  | Neck pain<br>Difficulty breathing<br>Tongue swelling<br>Fits or seizures<br>Confusion<br>Drowsiness   |          |     |          |              |                  |  |
|  | Neck pain<br>Difficulty breathing<br>Tongue swelling<br>Fits or seizures<br>Confusion<br>Drowsiness<br>Dizziness or light-headedness  | ch       |     |          |              |                  |  |
|  | Neck pain<br>Difficulty breathing<br>Tongue swelling<br>Fits or seizures<br>Confusion<br>Drowsiness<br>Dizziness or light-headedness<br>Difficulty speaking or understanding spee   | ch       |     |          |              |                  |  |
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|  | Neck pain   Difficulty breathing   Tongue swelling   Fits or seizures   Confusion   Drowsiness   Dizziness or light-headedness   Difficulty speaking or understanding speet   Numbness, paralysis, or weakness   (usually on one side of the body)  | ch       |     |          |              |                  |  |
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| Pregnancy  | Neck pain   Difficulty breathing   Tongue swelling   Fits or seizures   Confusion   Drowsiness   Dizziness or light-headedness   Difficulty speaking or understanding spee   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,   | ch       |     |          |              |                  |  |
| Pregnancy  | Neck pain   Difficulty breathing   Tongue swelling   Fits or seizures   Confusion   Drowsiness   Difficulty speaking or understanding speed   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, <i>if yes, please describe</i>   | ch       |     |          |              |                  |  |
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| Pregnancy<br>Medications and drugs   | Neck pain   Difficulty breathing   Tongue swelling   Fits or seizures   Confusion   Drowsiness   Difficulty speaking or understanding speed   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, <i>if yes, please describe</i> Are you pregnant?   If pregnant, vaginal bleeding?  | NO       | ]   |          |              |                  |  |
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|  | Neck pain   Difficulty breathing   Tongue swelling   Fits or seizures   Confusion   Drowsiness   Dizziness or light-headedness   Difficulty speaking or understanding speed   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, <i>if yes, please describe</i> Are you pregnant?   If pregnant, vaginal bleeding?   Have you taken any aspirin or warfarin or blood thinners?   Have you taken any other medications?                                      | NO       | ]   |          |              |                  |  |
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| Medications and drugs  | Neck pain   Difficulty breathing   Tongue swelling   Fits or seizures   Confusion   Drowsiness   Dizziness or light-headedness   Difficulty speaking or understanding speed   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, <i>if yes, please describe</i> Are you pregnant?   If pregnant, vaginal bleeding?   Have you taken any aspirin or warfarin or blood thinners?   Have you taken any other medications?                                      | NO       |     | WHAT AN  |              |                  |  |

Approved by: Chief Medical Officer, Executive Director of Nursing, Director of Allied Health



#### Acute Post-Strangulation Documentation

### **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).

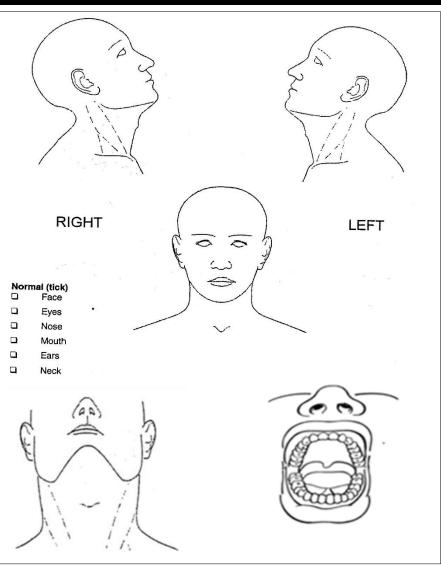
Good lighting is essential for a thorough examination of the head, neck, ears and inside the mouth.

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/Abrasion/Bruise marks
- Bruising
- Sub-conjunctival haemorrhages and Fundoscopy
- Petechiae above the site of application (ie. face/eyelids/oral mucosa, palate, EAM or TM)
- Neck, face or tongue swelling/tenderness
- Coughing/Raspy or hoarse voice

# 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?<br>(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<br>CHILD AND FAMILY SAFETY SERVICE OR SMHS FST OR COMPLETED ON OR ATTACHED TO AN ePROSAFE REFERRAL |   |    |     |              |  |  |