

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

Acute Post-Strangulation Documentation

OBJECTIVE/EXAMINATION

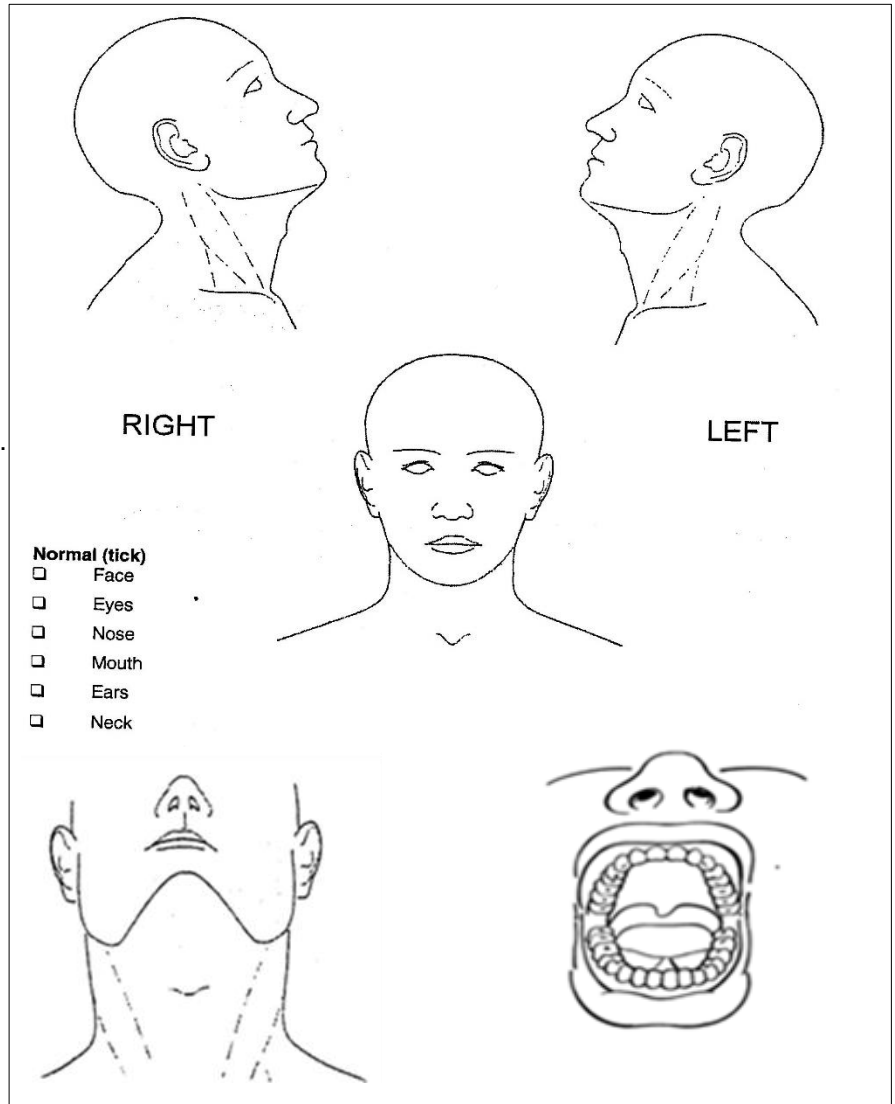
A study of 300 strangulation cases suggested that only 50% have physical findings on initial evaluation (Strack G, McClane G & Hawley D, 2001).

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?	<input type="checkbox"/>	<input type="checkbox"/>	
Suspected brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	
Other visible injuries?	<input type="checkbox"/>	<input type="checkbox"/>	
Other problems (<i>describe</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
No obvious serious problems	<input type="checkbox"/>	<input type="checkbox"/>	
Plan	NO	YES	DETAIL
Discharge home?	<input type="checkbox"/>	<input type="checkbox"/>	
Refer for further assessment?	<input type="checkbox"/>	<input type="checkbox"/>	
Police contacted? (<i>with/out patient consent</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Other referrals?	<input type="checkbox"/>	<input type="checkbox"/>	
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