



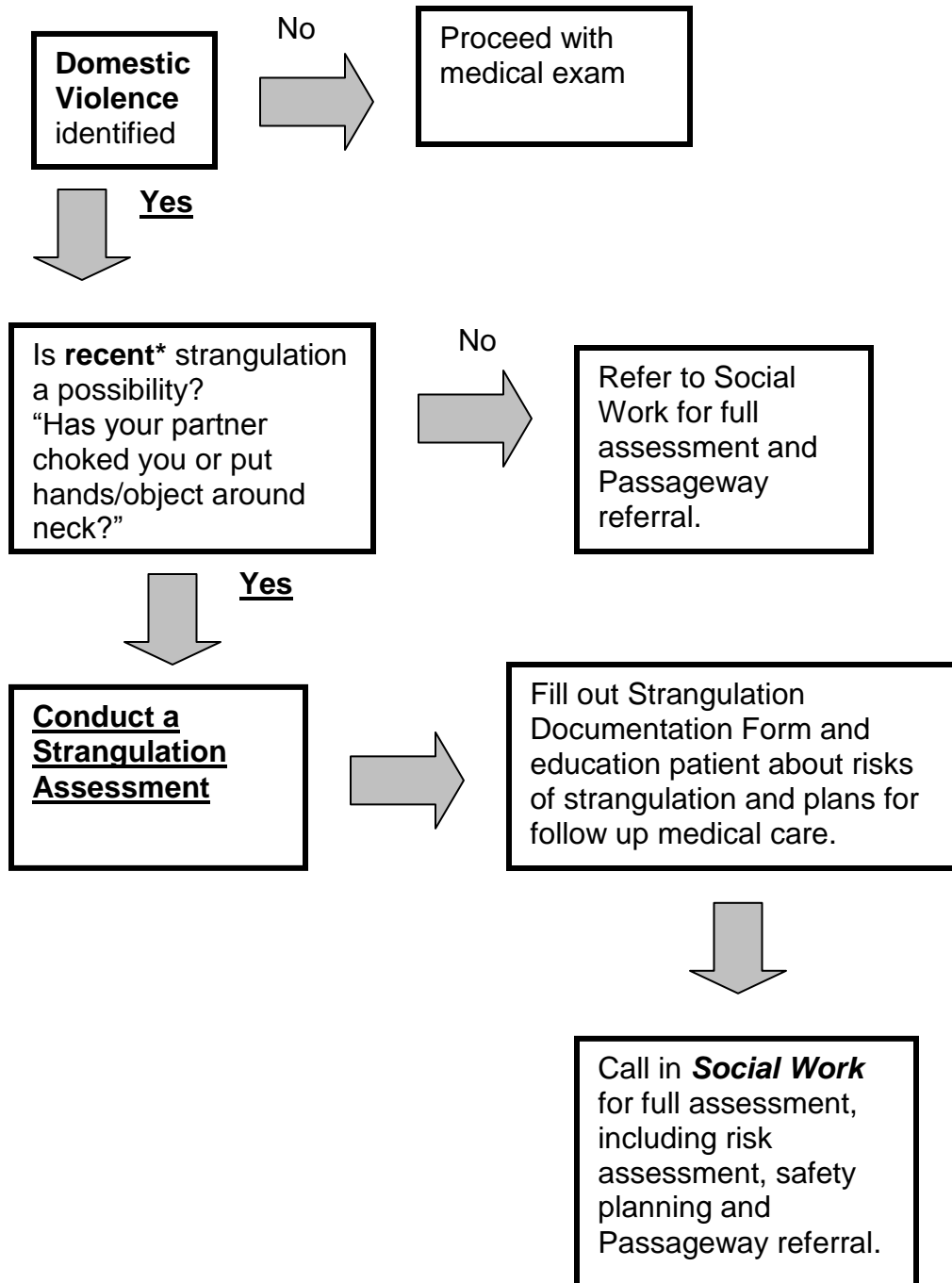
Protocol for Strangulation Cases:

- 1) Conduct a Physical Exam as usual:
 - a) If you suspect **ANY** potential recent strangulation or if strangulation is **disclosed**, conduct a **Strangulation Assessment using the Assessment and Documentation sheet**.
 - b) If there is **no** concern about strangulation, but there **is** a concern about domestic violence, contact **Social Work** for a full assessment and referral to the **Passageway Program**.¹
- 2) Strangulation Assessment: **Follow the instructions on the Assessment and Documentation form (pg 13-14 of this protocol)**.
 - a) **Assessment & Documentation**
 - Complete a physical exam checking for all possible signs of strangulation. Use the **Strangulation Documentation Form** as a guide.
 - Fill out the **Strangulation Documentation Form** completely and file it in the medical record.
 - Make sure to note not only physical symptoms and injuries, but also the details of the incident as reported by patient.
 - Take photographs of any visible injuries following the protocol for photographic evidence collection.
 - b) **In all cases, it is MANDATORY to notify Social Work for full assessment, including risk assessment and safety planning.**
 - c) Educate the patient on the risks and life threatening consequences that are associated with strangulation. Review Discharge instructions with them. Give them a copy to take with them if safe to do so.
- 3) Follow up
 - Make plans for follow up with the patient.
 - Let patient know that they will receive a call from the **Women's GYN Clinic** to schedule a follow up medical appointment.
- 4) Social Work Intervention
 - Conduct full psychosocial and domestic violence risk assessment. Provide safety planning, including discussing the safety of outreach from the 2 referral sources below, as well as taking a copy of the discharge instructions with them.
 - Make referral **CARE Clinic** (Annie Lewis O'Connor) for outreach to schedule follow up medical care at 617-732-4806, or pager #18559.
 - Make referral to **Passageway** for follow up advocacy services at 617-732-8753 or pager #31808.

¹ Passageway provides on-site services to any patient who is a victim of domestic violence. Advocates are available via pager# 31808 M-F 8:30 – 5:00 for an in-person response to all DV cases.



Medical Response



**Recent = any incident of strangulation within the last month.*



STRANGULATION DOCUMENTATION FORM

Patient Name: _____

Date: _____

MRN: _____

Time: _____

Strangulation is a serious event that often occurs in the context of intimate partner violence. Many times there are **NO VISIBLE INJURIES** of the strangulation. It is important to ask about strangulation in all IPV cases, and document as indicated if positive disclosure, or if signs and symptoms are present. "Has your partner choked* you or put hands/objects against your neck?"

Symptoms of Strangulation

The following symptoms should be documented, both in writing and photographed (if visible) for evidence collection.

Look for and ask about the following SYMPTOMS of injury, and check ALL that apply:

RESPIRATORY	VOICE	THROAT/NECK	BEHAVIOR	OTHER
<input type="checkbox"/> Stridor <input type="checkbox"/> Hoarseness <input type="checkbox"/> Subcutaneous emphysema <input type="checkbox"/> Respiratory distress <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Inability to tolerate the supine position <input type="checkbox"/> Dysphonia or aphonia	<input type="checkbox"/> Raspy <input type="checkbox"/> Hoarse <input type="checkbox"/> Coughing <input type="checkbox"/> Aphasia <input type="checkbox"/> Unable to speak	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Neck pain <input type="checkbox"/> Nauseous <input type="checkbox"/> Vomiting	<input type="checkbox"/> Mental status change <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory problems	<input type="checkbox"/> Dizzy <input type="checkbox"/> Headaches <input type="checkbox"/> Fainting <input type="checkbox"/> Urination <input type="checkbox"/> Defecation <input type="checkbox"/> Tinnitus <input type="checkbox"/> Vaginal bleeding

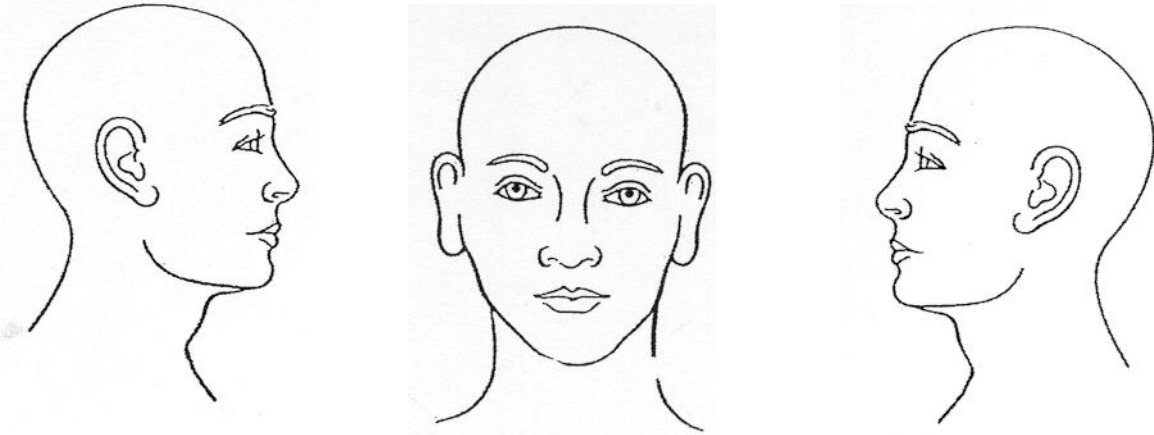
Look for VISIBLE SIGNS of injury and check ALL that apply:

FACE	EYES/EYELIDS	NOSE	EARS	MOUTH
<input type="checkbox"/> Red, flushed <input type="checkbox"/> Petechiae <input type="checkbox"/> Scratch marks	<input type="checkbox"/> Petechiae (eyeball) <i>R or L or Both</i> <input type="checkbox"/> Petechiae (eyelids) <i>R or L or Both</i> <input type="checkbox"/> Subconjunctival hemorrhage <i>R or L or Both</i> <input type="checkbox"/> Ptosis <i>R or L or Both</i>	<input type="checkbox"/> Bloody <input type="checkbox"/> Broken <input type="checkbox"/> Petechiae	<input type="checkbox"/> Petechiae <i>R or L or Both</i> <input type="checkbox"/> Bleeding from the ear canal <i>R or L or Both</i>	<input type="checkbox"/> Bruises <input type="checkbox"/> Swollen tongue <input type="checkbox"/> Swollen lips <input type="checkbox"/> Cut/abrasion
UNDER CHIN	CHEST	SHOULDERS	NECK	HEAD
<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature marks	<input type="checkbox"/> Petechiae on scalp <input type="checkbox"/> Pulled hair <input type="checkbox"/> Bump <input type="checkbox"/> Skull fracture

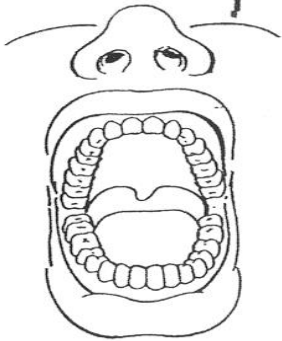
* use choked when asking patient, strangulation in professional context/documentation.



Please indicate injuries checked off above on the body maps below:



Notes:



Additional Information:

How long did the strangulation occur? ___seconds ___minutes

[] Victim unable to estimate/remember length of time

Was the patient also smothered? [] YES [] NO

Was the patient shaken during the incident? [] YES [] NO

Was the patient's head pounded against any object during the incident? [] YES [] NO

Provider Signature: _____

Date: _____

Provider Name (Printed): _____

Adapted from Taliaferro, Hawley, McClane and Strack, Strangulation in IPV, Intimate Partner Violence, a Health-Based Perspective (eds Mitchell, et al) 224 (2009). Adapted from SA-116 Strangulation Documentation Form, SA-110 Strangulation Assessment, Strangulation Form