

RECOMMENDATIONS for MEDICAL / RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

GOALS:

1. Evaluate for acute medical conditions that require immediate treatment and stabilization
2. Evaluate for anoxic brain injury and injury of carotid/vertebral arteries
3. Evaluate bony-cartilaginous and soft tissue neck structures

Chief Complaint: Domestic Violence / Assault / Strangulation / Attempted Suicide / Human Trafficking

History of and / or physical examination with ANY of the following:

- **Loss of consciousness** (anoxic brain injury)
- **Altered mental status:** "dizzy," "confused," "lightheaded," "loss of memory," "any loss of awareness"
- **Visual changes:** "spots," "flashing lights," "tunnel vision"
- **Incontinence** (bladder and / or bowel from anoxic injury)
- **Neurological signs and symptoms:** seizure-like activity, stroke-like symptoms, headache, tinnitus, hearing loss, focal numbness, cortical blindness, movement disorders, abnormal mental status or neurological exam
- **Petechial hemorrhages** (facial, intraoral or conjunctival)
- **Ligature mark** or neck contusions = **HIGH RISK**
- **Soft tissue neck injury** / swelling of the neck / carotid tenderness = **HIGH RISK**
- **Dysphonia / Aponia / Stridor** (concerning for hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
- **Dyspnea** (concerning for hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
- **Subcutaneous emphysema** (concerning for tracheal / laryngeal rupture)

NOTE: The absence of external signs of soft tissue trauma does NOT rule-out the presence of significant internal injury.

Consult the on-call forensic examiner for guidance on photodocumentation and evidence preservation/collection

No history concerning for strangulation or life-threatening abnormality on physical exam

Discharge home after the following:

- Inpatient Consult to Social Work (immediately upon arrival to ED)
- Referral to Brooklyn Family Justice Center
- Referral to Mental Health (Kings County)
- Instructions for monitoring for worsening neurological signs/symptoms, dyspnea, dysphonia or odynophagia

Recommended Radiographic Studies to Rule out Life-Threatening Injuries:

- **Head CT without Contrast** – Traumatic Brain Injury
- **CT Angiography of Carotid / Vertebral Arteries** – Arterial Dissection
- **CT Neck with Contrast** of Bony / Cartilaginous Structures

Consider administration of 325 mg of aspirin if any delay in obtaining radiographic imaging

Inpatient consult to GENERAL Neurology / Stroke / Neurosurgery / Trauma for acute vascular injury or stroke

Inpatient consult to ENT for laryngeal trauma, dysphonia and/or odynophagia

Evidence of arterial dissection / ischemic stroke, consider admission and daily aspirin 81 mg WITH **referral to stroke clinic within 7 days** upon discharge