



Strangulation

INDICATION	<ul style="list-style-type: none"> Strangulation impedes oxygen by preventing blood flow to the brain. The trachea can also be restricted, making breathing difficult or impossible. This combination can quickly cause asphyxia and unconsciousness. Strangulation is commonly associated with Sexual Assault and Intimate Partner Violence (IPV).
BLS	<ul style="list-style-type: none"> Follow General Trauma Care T-01 Assess for physical signs of strangulation injury: <ul style="list-style-type: none"> Soft tissue neck injury, swelling, or tenderness Ligature mark or neck contusion Dyspnea Voice hoarseness, or inability to speak Painful, or difficulty swallowing Neurological signs, e.g. LOC, ALOC, seizures, stroke-like symptoms Visual changes, e.g. blindness or “seeing spots.” Facial, intraoral, or conjunctival petechial hemorrhage Incontinence Subcutaneous emphysema Provide emotional support Encourage transport to the hospital for evaluation of serious underlying injuries regardless of physical findings.
ALS	<ul style="list-style-type: none"> All specific ALS treatment as identified in General Trauma Care T-01
KEY CONCEPTS	<ul style="list-style-type: none"> If patient has signs and symptoms consistent with strangulation, and is refusing transport, contact the base hospital for consultation. Death can occur days, weeks, or months following a strangulation due to tears in the carotid artery, fractured trachea, cerebral infarct, or respiratory complications. Half of all strangulation victims do not have any visible external injuries, even in cases that later prove fatal. Consider transport to a Trauma Center if serious injury is present. EMS evaluation and documentation can save lives even if the patient is not transported to the hospital. Be detailed with documentation of all objective and subjective findings. If the patient continues to refuse transport after base contact, and also refuses to engage with law enforcement, ensure the patient is given the 24/7 hotline number 707-255-6397 when sexual assault, and/or intimate partner violence is suspected.

- NEUROLOGICAL**
- Loss of Memory
 - Loss of consciousness
 - Behavioral changes
 - Loss of sensation
 - Extremity weakness
 - Difficulty speaking
 - Fainting
 - Urination
 - Defecation
 - Vomiting
 - Dizziness
 - Headaches

- SCALP**
- Petechiae
 - Bald spots (from hair being pulled)
 - Bump to the head (from blunt force trauma or falling to the ground)

- EYES & EYELIDS**
- Petechiae to eyeball
 - Petechiae to eyelid
 - Bloody red eyeball(s)
 - Vision changes
 - Droopy eyelid

- EARS**
- Ringing in ears
 - Petechiae on earlobe(s)
 - Bruising behind the ear
 - Bleeding in the ear

- FACE**
- Petechiae (tiny red spots slightly red or florid)
 - Scratch marks
 - Facial drooping
 - Swelling

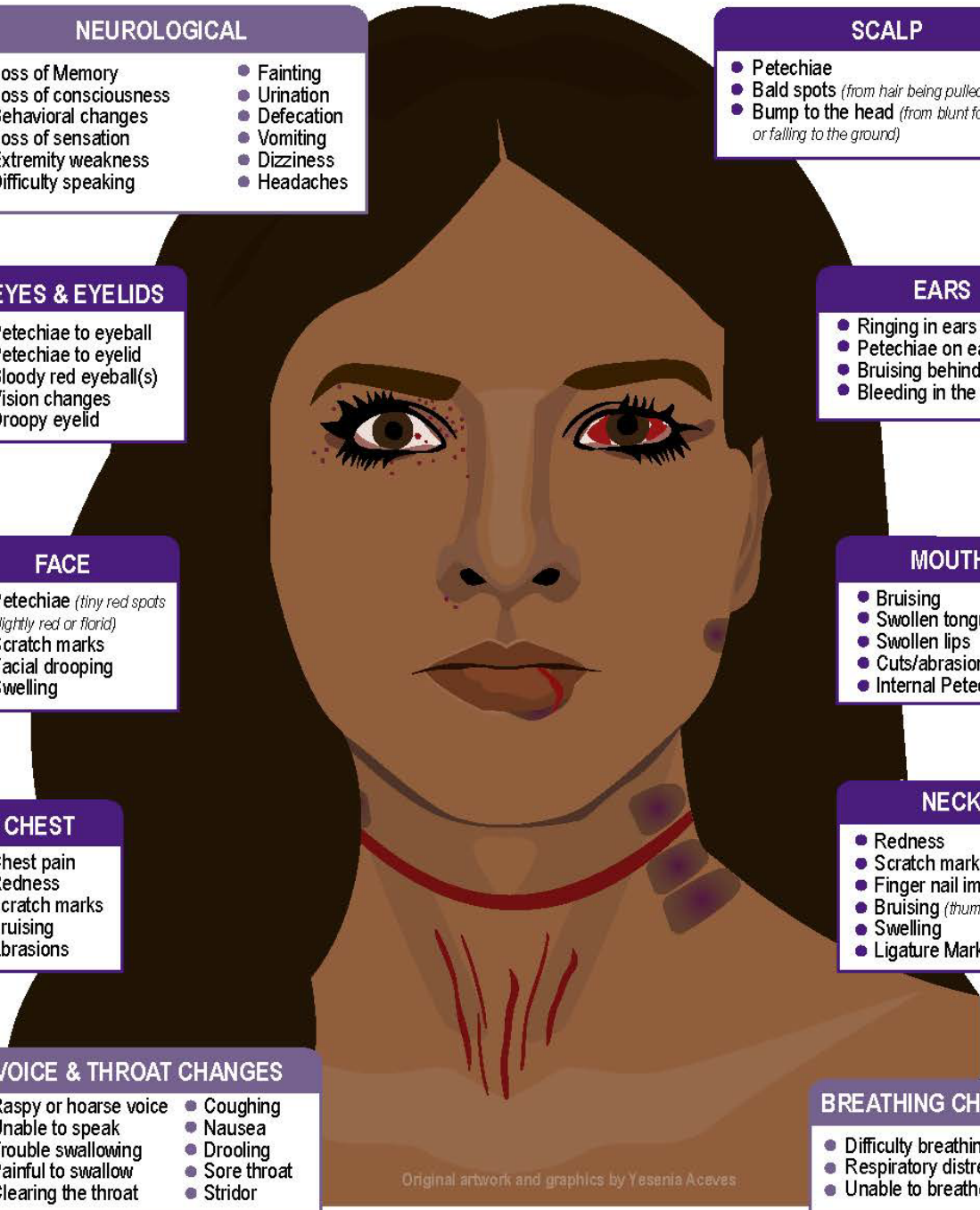
- MOUTH**
- Bruising
 - Swollen tongue
 - Swollen lips
 - Cuts/abrasions
 - Internal Petechiae

- CHEST**
- Chest pain
 - Redness
 - Scratch marks
 - Bruising
 - Abrasions

- NECK**
- Redness
 - Scratch marks
 - Finger nail impressions
 - Bruising (thumb or fingers)
 - Swelling
 - Ligature Marks

- VOICE & THROAT CHANGES**
- Raspy or hoarse voice
 - Unable to speak
 - Trouble swallowing
 - Painful to swallow
 - Clearing the throat
 - Coughing
 - Nausea
 - Drooling
 - Sore throat
 - Stridor

- BREATHING CHANGES**
- Difficulty breathing
 - Respiratory distress
 - Unable to breathe



Original artwork and graphics by Yesenia Aceves

Source: Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009

Training Institute on Strangulation Prevention