

# Clinical Guideline

# **Strangulation**

#### Goals

- 1. Evaluate carotid and vertebral arteries for
- 2. Evaluate bony/cartilaginous and neck soft tissue structures.
- 3. Evaluate brain for anoxic injury.

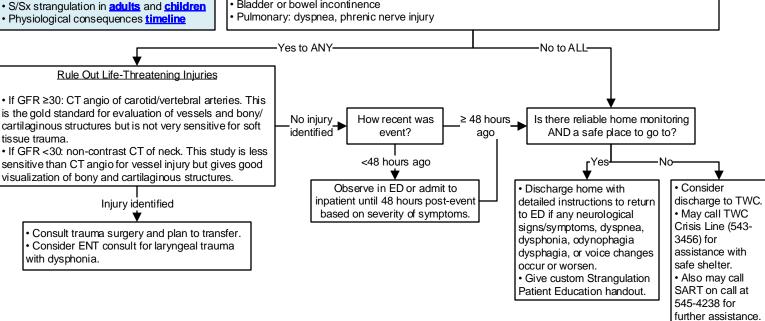
Note: Life-threatening injuries can be present up to one year after strangulation event.

### Helpful Links

Patient presents with concern for strangulation

### Are ANY of the following present?

- Airway: subcutaneous emphysema (can be a sign of tracheal or laryngeal rupture)
- Neurological: loss of consciousness, seizures, mental status changes, amnesia, cortical blindness, movement disorders, stroke-like symptoms
- - Visual changes: spots, flashing lights, tunnel vision, etc.
  - Facial, intra-oral, or conjunctival petechial hemorrhage
  - Odynophagia
  - - Ligature mark, neck contusion, soft tissue injury, swelling, carotid tenderness, etc.
    - Dysphonia/aphonia, hematoma, laryngeal fracture, recurrent laryngeal nerve injury
- Bladder or bowel incontinence



# Tundra Women's Coalition (TWC)

 Crisis Line: 543-3456 Main office: 543-3444 On-call advocate: 545-4328

#### Services Provided by TWC

- Emergency shelter
- · Hospital accompaniment
- · Information about community resources
- Legal advocacy
- Violent crime compensation
- Funds for emergency air or cab transportation

### If patient would like to report incident:

- If occurred in a village: Alaska State Troopers 543-2294
- If occurred in Bethel: Bethel Police Department 543-3781

Use the following autotexts in your documentation:

- ..hpiStrangulation
- ..physStrangulation

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Approved by Clinical Guideline Committee 2/9/24. Click here to see the supplemental resources for this guideline. If comments about this guideline, please contact Jennifer\_Prince3@ykhc.org.