

Strangulation is defined as asphyxiation caused by closure of blood vessels and or air passageways of the neck due to external pressure. External pressure can be manual via a body part such as hands, arms, knees, etc., or can be by an object such as a belt, rope, etc.

Patients are at risk of delayed death due to internal swelling, anoxia, hematoma or structural damage that cannot be identified externally. Patients should be encouraged to seek medical care; if transported, communicate reported strangulation attempt to hospital staff.

Although often described as 'choking' by patients, it should be distinguished as strangulation when being documented by providers (as opposed to choking, i.e., foreign body obstruction). Include all information and observations regarding attempted strangulation in documentation provided to receiving hospital.

Assessment:

How was the patient strangled:

- Left, right, or both hands; forearm; knee or foot; ligature or smothered; other, describe

Was patient shaken, beaten or held against wall, ground:

- Quantify grip strength and level of pain using 1-10 scale; duration in min/sec.
- Prior incidents of strangulation, domestic violence, or threats?

Signs and symptoms:

- Petechiae on face, eyes/eyelids, nose, ears, head
- Deformity of or bleeding from nose, ears; bruising, swelling of mouth/lips
- Redness, scratches, abrasions, bruising under chin, on neck, shoulders, chest
- Ligature marks, swelling, fingernail impressions (offensive or defensive) on neck
- Missing hair, fracture, or swelling/bruising on head, signs of concussion
- Difficulty breathing or speaking; coughing, hoarse or raspy voice; drooling, difficulty or pain swallowing

Behavioral signs:

- Agitation, amnesia, hallucinations, dizziness, fainting, or combativeness due to hypoxia

Documentation and Reporting Responsibilities

Strangulation is a felony-level crime*. Per [NH RSA 631:6](#), it must be reported to the police unless the patient age 18 or older refuses to have the information released.

Strangulation is also an indicator of increasing lethality in a violent relationship. Every effort should be made to connect patient with support services.

- 24-Hour Domestic Violence Crisis Line: 1-866-644-3574.
- 24-Hour Sexual Assault Crisis Line: 1-800-277-5570.
- Emergency shelter and transportation.
- Hospital and court accompaniment; legal advocacy
- Information about public assistance.

*(<http://www.gencourt.state.nh.us/rsa/html/LXII/631/631-2.htm>)

PEARLS:

- Patient's spouse/partner, caregiver or parent may be the perpetrator; their presence may hinder patient's disclosure of information.
- Providers' reactions can impact patient recovery and strengthen or hinder prosecution of the perpetrator. Non-judgmental and compassionate care and thorough documentation and preservation of evidence are essential.