Women's and Children's Health Network

STRANGULATION DOCUMENTATION FORM

PATIENT LABEL

UR Number: _____

Surname: _____

Given Name: _____

D.O.B.: _____ Sex: _____

Date: **Time:**	**Name:**	**Clinician:**

Information provided by client:

Method/s used: (tick)

☐ One hand ☐ Two hands ☐ Chokehold ☐ Knee/foot ☐ Ligature: specify

☐ Smothered/hand over nose/mouth: specify

☐ Other: specify

Position/s when strangled: (tick)

☐ Held against hard surface: specify ☐ Lifted when strangled

Strangled from: ☐ Behind ☐ Front ☐ Above ☐ Other: specify

☐ Head hit against hard surface: Specify

Head/neck movement when strangled: Describe

Approximate duration of force:

Symptoms when Strangled:

☐ Unable to breathe ☐ Tunnel vision/spots before eyes ☐ Thought he/she would die

☐ Unable to swallow ☐ Loss of consciousness ☐ Seizure

☐ Unable to talk ☐ Incontinence urine/faeces

Other:

Symptoms after being strangled:

☐ Difficulty breathing/breathless ☐ Confusion ☐ Visual changes ☐ Hearing changes

☐ Difficulty/pain on swallowing ☐ Voice changes ☐ Memory loss: Specify duration

☐ Neurological symptoms: Specify

Other:

Past history of strangulation:

Approx. number of times strangled: Approx. date most recent strangulation:

Approximate date and details most severe strangulation:

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PHYSICAL EXAMINATION (Tick if present/abnormal and document injuries on diagrams)

BP: **PR:** **RR:** **Temp:** **Oximetry:** **GCS:** **Pregnancy test:**

Behaviour/cognition
- ☐ Confusion
- ☐ Agitation
- ☐ Orientation
- ☐ Memory

Breathing, speech and swallowing
- ☐ Difficulty breathing
- ☐ Drooling
- ☐ Hoarse voice
- ☐ Unable to speak
- ☐ Air entry R L

Ear
- ☐ Bleeding from canal
- ☐ Petechiae R L
- ☐ Petechiae behind ear R L
- ☐ Petechiae canal R L

Eyes and eyelids
- ☐ Petechiae on eyelids R L
- ☐ Conjunctiva petechiae R L
- ☐ Scleral petechiae R L
- ☐ Subconjunctival haemorrhage R L

Neurological examination
- ☐ Pupils R L
- ☐ Strength upper limbs L R
- ☐ Strength lower limbs L R
- ☐ Reflexes upper limbs L R
- ☐ Reflexes lower limbs L R
- ☐ Sensatn upper limbs L R
- ☐ Sensatn lower limbs L R
- ☐ Co-ord upper limbs L R
- ☐ Co-ord lower limbs L R
- ☐ Cranial nerves L R
- ☐ Rombergs L R
- ☐ Gait

Face/Head/Scalp
- ☐ Cyanosis/congestion
- ☐ Petechiae
- ☐ Florid petechiae
- ☐ Abrasion
- ☐ Laceration
- ☐ Bruise
- ☐ Horner's Syndrome
- ☐ Hair missing
- ☐ swelling

Mouth
- ☐ Ext/int lip bruising
- ☐ Ext/int lip abrasion
- ☐ Ext/int lip laceration
- ☐ Tongue swelling
- ☐ Tongue abrasion
- ☐ Tongue laceration
- ☐ Tongue bruise
- ☐ Oral petechiae
- ☐ Injury to tooth/teeth

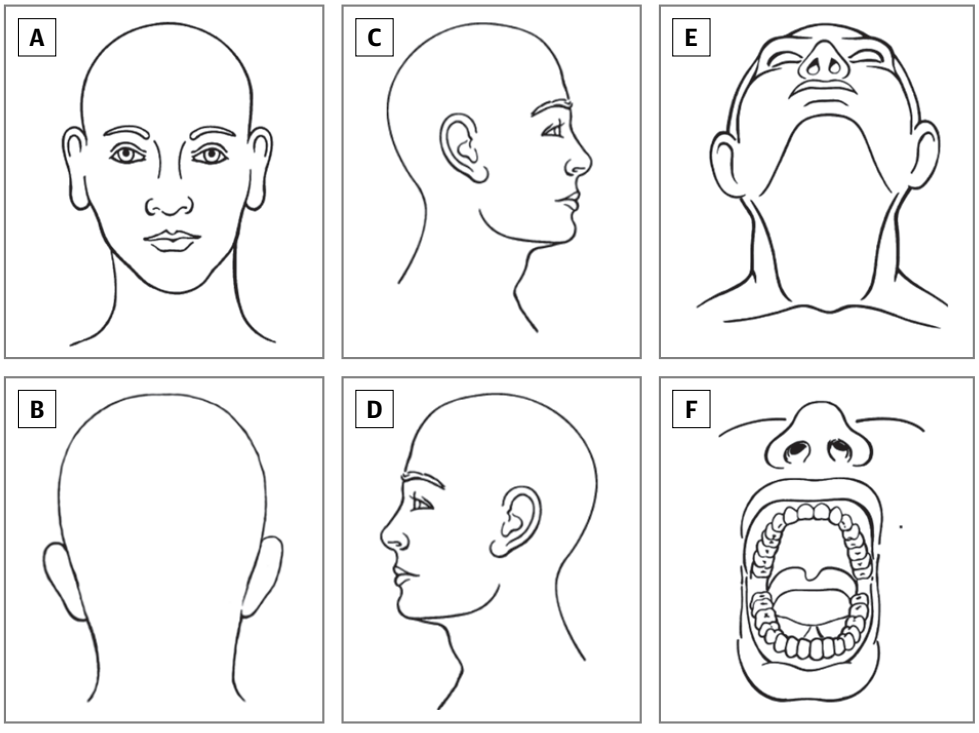
Neck/chest
- ☐Abrasion
- ☐ Fingernail marks
- ☐ Laceration
- ☐ Petechiae
- ☐ Bruise
- ☐ Ligature mark
- ☐ Laryngeal tenderness
- ☐ Tracheal tenderness
- ☐ Carotid artery bruit R L
- ☐ Cervical spine
- ☐ Subcutaneous emphysema

Nose
- ☐ Bleeding from nose
- ☐ Petechiae
- ☐ Suspected fracture

Under chin
- ☐ Abrasion
- ☐ Fingernail marks
- ☐ Laceration
- ☐ Petechaie
- ☐ Bruise

Other

DOCUMENT INJURIES USING THE CHARTS OPPOSITE



The Women's & Children's Health Network gratefully acknowledge Alliance for HOPE International, for allowing us to reproduce, in part or whole, the WCHN Strangulation Documentation. The documents were accessed through the online Resource Library hosted by the Training Institute of Strangulation Prevention.