**WI-IAFN SANE/FNE STRANGULATION REPORT**

**What happened?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**METHOD AND/OR MANNER OF STRANGULATION:**

How was the patient strangled?

\_\_\_\_\_Frontal assault\_\_\_\_\_Rear assault

 \_\_ \_\_One hand Right hand Left hand Two hands Knee Foot

 \_\_\_\_\_Right forearm Left forearm Uncertain

\_\_\_\_\_Ligature (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Comment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Multiple occurances \_\_\_\_Yes \_\_\_\_No Multiple methods \_\_\_\_Yes\_\_\_\_No

From 1 to10, how hard or forceful was the suspect’s grip?

 (Light) 1, 2, 3, 4, 5 (Firm), 6, 7, 8, 9, 10 (Crushing)

Was the patient smothered?\_\_\_\_Yes\_\_\_\_No Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the patient shaken during strangulation? \_\_\_Yes \_\_\_\_No

Strangled in manner in which the patient’s feet were not touching the ground?\_\_\_Yes\_\_\_No

Was the patient’s head pounded against anything? \_\_\_Yes \_\_\_No

Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did the suspect say to the patient during the strangulation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did the patient think was going to happen?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What caused the strangulation to stop?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any previous strangulation within the past week?\_\_\_\_Yes\_\_\_\_No

If yes, describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SANE/FNE Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **HEENT**Strangulation Symptom Checklist | **HEENT**  | **Neuro** | **Pulmonary** |
| **HEAD****Hair Pulled**: □Yes □No | **NOSE****Nasal Deformity:** □Yes □No | **Amnesia:** □During □After □Currently | **Hyperventilation:**□During □After □Currently |
| **Neck Pain:** □During □After □CurrentlyLocation: | **Bloody Nose:** □During □After □Currently | **Fainting / LOC:**□During □After □Currently | **Unable to Breathe:**□During □After □Currently |
| **Jaw Pain**: □During □After □CurrentlyLocation:  | **Petechiae in Nares:** □Right □Left□During □After □Currently | **Dizziness:**□During □After □Currently | **Difficulty Breathing:**□During □After □Currently |
| **Scalp Petechiae:**□During □After □Currently | **THROAT / MOUTH****Difficulty Swallowing:**□During □After □Currently | **Lightheaded:**□During □After □Currently | **Coughing:**□During □After □Currently |
| **EYES****Vision Changes:** □Right □Left□During □After □CurrentlyDescribe: | **Pain with Swallowing:**□During □After □Currently | **Headache:** □During □After □Currently |  |
| **Petechiae:** □During □After □Currently**Eyeball:** □Right □Left**Eyelid:** □Right □Left | **Sore Throat:**□During □After □Currently | **Weakness / Numbness Arms:** □Right □Left□During □After □Currently | **GI/GU** |
| **Subconjunctival Hemorrhage:** □Right □Left□During □After □Currently | **Drooling:**□During □After □Currently | **Weakness / Numbness Legs:** □Right □Left□During □After □Currently | **Nausea:** □During □After □Currently |
| **EARS****Bleeding from Ear:** □Right □Left□During □After □Currently | **Voice Changes:**□ Raspy □Hoarse □ No Voice□During □After □Currently |  | **Vomiting:** □During □After □Currently |
| **Petechiae (External or Ear Canal):**□Right □Left□During □After □Currently | **Tongue Injury:**□During □After □CurrentlyDescribe:  |  | **Incontinent of Urine:**□During □After □Currently |
| **Ear Pain:** □Right □Left□During □After □Currently**Ringing in Ears:** □Right □Left□During □After □Currently | **Lip Injury:** □During □After □CurrentlyDescribe:  |  | **Incontinent of Stool:**□During □After □Currently |
| **SKIN - Head, Neck, Chest, Shoulders** |
| **Petechiae:** □During □After □CurrentlyLocation: Documented on anatomical pages: □ Yes □ No | **Swelling:** □During □After □CurrentlyLocation:Documented on anatomical pages: □ Yes □ No |
| **Contusion:**  □During □After □CurrentlyLocation:Documented on anatomical pages: □ Yes □ No | **Ligature Mark:** □During □After □CurrentlyLocation: Documented on anatomical pages: □ Yes □ No |
| **Abrasion:** □During □After □CurrentlyLocation:Documented on anatomical pages: □ Yes □ No | **Bite Marks:** □During □After □CurrentlyLocation: Documented on anatomical pages: □ Yes □ No |
| **Erythema:** □During □After □CurrentlyLocation:Documented on anatomical pages: □ Yes □ NoSANE / FNE Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Page 2 of 6 |

**WI-IAFN SANE/FNE STRANGULATION REPORT**

**Initial Assessment**

B/P\_\_\_\_ P\_\_\_\_ R\_\_\_\_ O2 Sat\_\_\_\_ Height\_\_\_\_ Weight\_\_\_\_ GCS (total)\_\_\_\_

Pregnant? Yes\_\_\_\_No\_\_\_\_Unknown\_\_\_\_ LMP\_\_\_\_

Pain? (0-10 Scale)\_\_\_\_Intervention\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Glasgow Coma Score**Best Eye Response | Best Verbal Response | Best Motor Response |
| 1 = No eye opening2 = Eyes open to pain3 = Eyes open to verbal command4 = Eyes open spontaneously | 1 = No verbal response2 = Incomprehensible sounds3 = Inappropriate words4 = Confused5 = Oriented | 1 = No motor response2 = Extension to pain3 = Flexion to pain4 = Withdrawal to pain5 = Vocalising pain6 = Obeys commands |

**PHYSICAL ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No Injury Noted | Injury/Variant (Describe)(If not assessed, why) | SeeBody Map |
| Head |  |  |  |
| Face |  |  |  |
| Mouth |  |  |  |
| Neck |  |  |  |
| Chest/Breasts |  |  |  |
| Right Arm |  |  |  |
| Left Arm |  |  |  |
| Abdomen |  |  |  |
| Hip/Pelvis |  |  |  |
|  Back |  |  |  |
| Buttocks |  |  |  |
| Right Leg |  |  |  |
| Left Leg |  |  |  |

**SANE/FNE Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of injuries to include size, shape, and how sustained. Note areas of c/o pain.**

**SANE/FNE Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WI-IAFN Sexual Assault Nurse Examiner (SANE) / Forensic Nurse Examiner (FNE)**

**STRANGULATION REPORT**

**Photographs taken: \_\_\_Yes \_\_\_No By Whom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If photographs taken, see Photograph Log**

**Photograph taken to show method of strangulation? \_\_\_Yes \_\_\_No**

**Consent for photography signed? \_\_\_Yes \_\_\_No**

**Evidence collected?\_\_\_\_Yes\_\_\_\_No**

**If evidence collected, see Evidence Collection Log**

**Law Enforcement Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Case Number\_\_\_\_\_\_\_\_\_\_\_**

**Name of ED physician consulted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/time\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prior to Discharge**

B/P\_\_\_\_ P\_\_\_\_ R\_\_\_\_ O2 Sat\_\_\_\_ GCS (total)\_\_\_\_

Pain? (0-10 Scale)\_\_\_\_Intervention\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SANE/FNE Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WI-IAFN Sexual Assault Nurse Examiner (SANE) / Forensic Nurse Examiner (FNE)**

**Strangulation Discharge Instructions**

Strangulation can produce serious medical problems hours or days after the event. Repeated strangulation may put you at increased risk for more serious problems.

We recommend that you have someone stay with you for the first 24 hours after you return home.

Please report to the nearest ER or call 911 immediately if you notice:

* Difficulty breathing or shortness of breath
* Loss of consciousness or "passing out"
* Changes in your voice or difficulty speaking
* Difficulty swallowing, lump in throat, or muscle spasms in throat or neck
* Tongue swelling
* Swelling to throat or neck
* Prolonged nose bleed (greater than ten minutes)
* Persistent cough or coughing up blood
* Persistent vomiting or vomiting up blood
* Left or right-sided weakness, numbness, or tingling
* Headache not relieved by pain medication (Tylenol or Ibuprofen as directed on bottle)
* Seizures
* Behavioral changes or memory loss
* Thoughts of harming self or others
* If pregnant - lack of movement of fetus or vaginal bleeding greater than 1 pad an hour

You may notice some bruising, or mild discomfort. You can apply ice to the sore areas for 20 minutes, 4 times per day, for the first 2 days after the injury.

If you notice new bruising or injury after discharge, you should follow-up with law enforcement or SANE for photographs of new bruising or injury.

I have been made aware of and understand the importance of following the above outlined instructions.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Patient Signature Date Time