## POLICY AND PROCEDURE

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| Strangulation Medical Forensic Examinations in the Emergency Department |
| Effective Date:  | Replaces Policy:  |
| Approval Date:  | Policy Owner: Emergency Department |

 **Introduction:**
Non-fatal strangulation is a serious health concern with the potential for lifelong consequences. Defined as external pressure to the neck that occludes the airway and/or blood vessels (Midttun, 2021), strangulation impedes oxygenation and can result in acute and long-term injuries (Le Blanc-Lowvry, 2013), psychological terror (Thomas et al., 2013), brain trauma (Campbell et al., 2018), and even death (Petrosky et al., 2017).

**Equipment:**

* Camera
* Evidence collection supplies (swabs, sterile saline or water, envelopes, paper bags,
* evidence tape, chain of custody, etc.)
* Measuring standard that identifies size (centimeters or inches) and color (black and white)
* Gloves

 **Preparation of Equipment:**

Inspect all equipment to ensure no defects, need for cleaning or expiration.

**Definitions:**

***Strangulation:*** A form of asphyxia (lack of oxygen) characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck (Iserson,K., 1984; Line, Stanley, & Choi, 1985).

***Medical forensic exam:*** A medical forensic exam (MFE) is any examination and treatment of a patient that offers/collects evidentiary material as part of the patient exam options, or has the possibility of ending up in the criminal or civil justice systems.

**Policy:**

In addition to the health concerns, non-fatal strangulation may necessitate collection of evidentiary specimens, safety planning and follow-up. In addition to the emergency department (ED) provider and staff, it is the expectation that when strangulation is suspected or disclosed as part of the history, the forensic nurse examiner (FNE) will be a collaborative part of the response team.

**General Information:**

An ED provider will provide medical screening exams for all strangulation patients. The first priority of ED personnel is to provide appropriate medical care for any life-threatening injury that may be present.

 **Procedure**

1. Patients presenting to the ED with complaints of recent strangulation will be registered and moved to a private patient room as soon as possible.
2. Patients will be triaged to determine the need for medical treatment related to assault. Treatment of life-threatening injuries will take priority.
3. The FNE will be contacted as soon as the ED is aware of patient arrival.
4. In the event of serious/life threatening injuries, the medical forensic exam will be delayed until it can be performed without interfering with critical/trauma care.
5. After appropriate triage and emergency treatment, the Forensic Nurse Examiner (FNE) will:
	1. Obtain consent for the exam, including photography consent
		1. If the patient is a minor, obtain consent from a custodial parent, or by those with emergency custody of the child whenever possible
		2. Patient assent required for minors
6. Discuss any mandatory reporting requirements and patient’s desire to report to law enforcement
7. Obtain a detailed history of the strangulation
8. Obtain a detailed medical/surgical history
9. Obtain a detailed history of intimate partner violence (IPV) if applicable, including Danger Assessment
10. If community-based advocacy is appropriate based on patient history, as is available, introduce advocate to patient in order to connect the patient to on-going support
11. Conduct a complete physical exam with a detailed strangulation assessment
12. Obtain photographs per policy
13. Document complete examination using the written word and body maps/diagrams
14. Collect forensic/evidentiary specimens if the patient elects to do so (evidence may be collected up to 120 hours post strangulation)
15. Provide referrals for other services if applicable, including counseling and follow-up care
16. Call appropriate law enforcement agency as outlined by reporting requirements or patient preference
17. Package, store and transfer evidentiary specimens to law enforcement per policy
	* 1. In the event law enforcement is unable to retrieve the evidence immediately after the exam, evidence may be locked in designated storage lockers following chain of custody, and retrieved by law enforcement at a later time.
18. Medical records, including photographs obtained during the exam will be stored and released according to facility policy
19. If the patient reports or the FNE observes any of the following during the history-taking and exam, FNE will notify the ED provider
	1. Patient reports history of loss of consciousness
	2. Patient has a decreased level of consciousness, disorientation, or another neurological deficit
	3. Patient has evidence of trauma or bodily injury that requires intervention
	4. FNE has concerns regarding the medical needs of the patient

**References:**

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