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Medical Director, CFMI - Faculty, TISP HOW TO CONDUCT A DOMESTIC VIOLENCE EXAM

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Objectives

- Documentation of History & Physical Exam
 - Set up of Adobe Pro
 - How to Fill out the Fillable PDF
- Conducting the Physical Exam
 - Photography
 - Neck Exam
 - Neurological Exam
 - Cranial Nerve Exam
- Screening for Head/Neck/Brain Injury
 - Utilization of the Head Injury Addendum
 - Utilization of the Strangulation Addendum
- Imaging
- Treatment & Referral
- Expert Testimony



DOCUMENTATION

Photo Courtesy of Mohammad Danish at Pevels c



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intoxication at	the tin	ne of t	the ass	sault		Physical blows?	No	Yes		•	
G. CURRENT ASSAULT HISTORY						If yes, use page 4 and, if applicable, the Head Trauma Addendum					
1. Sexual contact with assailant as par If yes, consider using Cal OES Form 2	t <mark>of this</mark> -923 or	<mark>assault</mark> 2-924.	?	No	Yes	Grabbing/shaking/holding/pinching? If yes, use page 4.	No	Yes			
2. Examination audio and/or videotap	ed?					Physical restraints? If yes, describe:	No	Yes			
No Yes	;	Α	udio	Video	0						
3. Name of person providing history	Re	lationsl	nip to pa	tient		Strangulation/choking? If yes, use Strangulation Addendum	No	Yes			
4. Date(s) of assault	Tin	ne of as	sault			Suffocation? If yes, use page 4.	No	Yes			
						Water Immersion? If yes, use page 4.	No	Yes			
5. Alleged assailant(s)	dor Fi	thnicity	Kel	ationship t	o Patient	Bites?	No	Yes			→

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ADDENDUM	Jane Smith DOB: 8/1/2000		(
	Patient Identification		Í
PMH: H/o head/neck/brain injuries: Chronic head/neck/brain disorders:			
Do you medications have any effect on your level Allergies:	of consciousness or memory?		•

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4. Describe condition of clothing upon arrival. C	ollect outer and under clothing, if applicable.	Not Applicable		Ę
				Ē
5. Examine the face, head, ears, hair, scalp, neck	and mouth for injury. Document findings using p	photographs, diagrams, legend, and consecutive numbering system	m.	4
6. Collect dried and moist secretions, stains, and	foreign materials from the scalp, head, and neck,	if applicable. 🔲 Not Applicable		G
7. Collect two (2) swabs from each side of the ne	ck, if applicable.	Not Applicable		-
Diagram A	Diagram C			1
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			LEGEND: TYP	ES OF FINDINGS			
AB Abrasion ALS Alternate BI Bite BU Burn DE Debris	Light Source (DF Deformity DS Dry Secretion EC Ecchymosis (bruise) ER Erythema (redness) F/H Fiber/Hair 	FB Foreign Body IN Induration IW Incised Wound LA Laceration MS Moist Secretion	OF OI PE PS n SXH	Other Foreig Other Injury Petechiae Potential Sal Sample Per I	n Materials (describe) SI (describe) SW TB iva TE History V/S	Suction Injury Swelling Toluidine Blue Tenderness Vegetation Soil
Locator #	Туре	Description		Locator #	Туре	Descrip	otion
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		left side bending produ	ice pain to				
		the right lateral n	leck.				
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K. SUPPLEMENTAL DOCUMENTS AND MEDIA				
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2. X-Ray/Imaging Results Additional Page No Yes	Additional Narrative By: (Print)			5
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Physical Examination



General Physical Exam

- Vitals
- Head-to-toe physical examination
- Visualization of injury and palpation for tenderness to the Head, Neck, Torso, Upper and Lower Extremities
- Standardized Neck Exam
- Standardized Neurological Exam
- Additional joint examinations as indicated per history





Neck Exam

- 6 axis of movement
 - Flexion
 - Extension
 - Side Turning (bilateral)
 - Side Bending (bilateral)
- Photos: Ecchymosis vs. Erythema
- Palpation for Tenderness

FLEXION AND EXTENSION



LEFT AND RIGHT SIDE TURNING





LEFT AND RIGHT SIDE BENDING



PHOTOGRAPHY

Photo courtesy of Luis Quintero at Pexels.com



Visible injuries

- Standard 4 photos per injury
- 1) Injury + 2 anatomical landmarks
- 2) Injury Midrange
- 3) Injury Closeup
- 4) Injury Closeup with measuring device









ERYTHEMA VS. ECCHYMOSIS

- Red bruises exist, are common, and easy to mistake for erythema
- How can you tell the difference?
- Does it blanch?



SWABS

- Discuss with your MDT
- Indicated based on history
- Bilateral Neck Swabs
- Bilateral Fingernails (if indicated)



TENDERNESS TO PALPATION WITHOUT VISIBLE INJURY

 One photo with the examiners GLOVED hand pointing to the area of tenderness

• **TTP** = Tenderness to Palpation









Cranial Nerves




CRANIAL NERVES

- CN I Olfactory Smell
- CN II Optic Sight
- CN III Oculomotor Most Eye Movement
- CN IV Trochlear Eye Abduction and Intorsion
- CN V Trigeminal Facial Sensation, Chewing
- CN VI Abducens Eye Abduction
- CN VII Facial Facial expression
- CN VIII Vestibulocochlear Hearing
- CN IX Glossopharyngeal Taste, Swallow
- CN X Vagus Palatal Elevation with saying "Ahh"
- CN XI Shoulder Shrug
- CN XII Tongue Protrusion



Cranial Nerves – Easy Grouping

<u>Senses</u>

- CN I Olfactory Smell
- CN II Optic Sight
- CN VIII –
 Vestibulocochlear –
 Hearing
- CN IX Glossopharyngeal – Taste

Cranial Nerves – Easy Grouping

Eye Movement

- CN III Oculomotor Most Eye Movement
- CN IV Trochlear Eye Abduction and Intorsion
- CN VI Abducens Eye Abduction
- Eye Abduction Look towards your ear
- Eye Adduction Look towards your nose

Cranial Nerves – Easy Grouping

Facial Sensation/Movement

- CN V Trigeminal Facial Sensation, Chewing
- CN VII Facial Facial expression (Smile)
- CN X Vagus Palatal Elevation with saying "Ahh"
- CN XI Shoulder Shrug
- CN XII Tongue Protrusion

CRANIAL NERVES - EXAM

- <u>Any changes to smell, sight, hearing, or taste?</u> (Sensory Group)
- Extraocular movements intact? (Eye movement group)
- Facial sensation, chew/bite down, smile, stick your tongue out, say "ahh," swallow, and shoulder shrug. (Facial sensation/movement group)

NEUROLOGICAL EXAM

- Denies current loss of smell, taste, vision, or hearing
- Opens/closes eyelids
- PERRLA
- EOMI
- No deficits on facial sensation, chewing movements, facial movements, tongue movements, say "aah," swallowing, shoulder shrug
- Upper body strength 5/5
- Lower body strength 5/5
- Reflexes (1+ Brachioradialis and Patellar DTRs)
- Romberg (Proprioception)
- Finger to nose (Upper Extremity Coordination)
- Gait

Valerie Sievers, MSN, RN, CNS, AFN-C, SANE-A, SANE-P, DF-AFN Sarah L. Pederson, BSN, RN, SANE-A, SANE-P, AFN-C Jessica M. Volz, DNP, CRNP, FNE A/P, FNP-BC, AFN-C, NE-BC, SANE-A, SANE-P, DM-AFN Patricia M. Speck, DNSc, CRNP, FNP-BC, AFN-C, DF-IAFN, FAAFS, DF-AFN, FAAN No Financial Disclosures

Additional references

- Chapters on Strangulation and Traumatic Brain Injury (TBI)
- Included in the Adult/Adolescent and Pediatric Sexual Assault Forensic Examiner Trainings
- Gold Standard in California

Screening for Head/Neck/Brain Injury Utilization of the Head Injury & Strangulation Addendums

Mechanism of Injury

Neurological symptoms

Traumatic Brain Injury

	Patient	Identification	
Did the suspect hit you in the head with a part of his/her body, an object, a surface, or so	it?	□ NO, skip this page □ YES, fill this page out	
What did the suspect use to hit your head (e.g., body parts, objects, surface, something	else)?		
Approximately how many times did the suspect hit you in the head?			
LOSS OF AWARENESS SYMPTOMS ASSOCIATED WITH HEAD TRAUMA			
Did you lose consciousness?	D No	C Yes	
Are there any gaps in your memory before the hit(s) to your head?	D No	C Yes	
Are there any gaps in your memory after the hit(s) to your head?	D No	C Yes	
Did your position change during the hits to your head (e.g., standing to laying)? If yes, do you remember?	□ No □ No	□ Yes □ Yes	
HEAD SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indicate if present at tim	e of exam)		
Pain to the head (e.g., scalp, face)?	D No	C Yes	At time of exam
Pain with eye movements?		C Yes	At time of exam
Pain to the lip/mouth/tongue?		LI Tes	At time of exam
Pain with jaw opening/closing?		C Yes	At time of exam
Bruising to the head/face?	D No	C Yes	At time of exam
Swelling to the head/face?	D No	Yes	At time of exam
Deviated nose?	D No	C Yes	At time of exam
Nose bleeding? Lin/mouth/tangue blanding?		- Yes	At time of exam
Tooth pain?			At time of exam
Chipped or loose teeth?		C Yes	At time of exam
Difficulty breathing (through nose of mouth)?	D No	C Yes	At time of exam
Other?	D No	C Yes	At time of exam
NEUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indic	ate if present at time of exam)		
Problems with memory, recall, concentration? If yes, give examples. Examples:	D No	C Yes	At time of exam
Vision changes or problems?	D No	Yes	At time of exam
Photosensitivity?	D No	Yes	At time of exam
Hearing changes or problems?	D No	C Yes	At time of exam
Dizziness or dizzy spells?		LI Tes	At time of exam
Lightheaded?			At time of exam
Confusion?	D No	C Yes	At time of exam
Disoriented?	D No	C Yes	At time of exam
Headache?	D No	Yes	At time of exam
Numbness or tingling?	D No	C Yes	At time of exam
Patigue or sleepiness? Other?		I Yes	At time of exam
TOTAL # OF INJURIES INFLICTED BY THE SUSPECT			
Total # of head injuries?			
Total # of head injuries with neuro symptoms?			
SUPPLEMENTAL HISTORY SECTION			

Head Injury Addendum

 Head Injury Addendum to the OES 502 DV Form

Screen for head injury

<u>Screen</u> for symptoms of traumatic brain injury (TBI) as a result of the head injury May be used as an addendum to other OES forms

Clinician SAFEs can Diagnose TBI

IFAD IN ILIPY ADDENDU

HEAD INJURY ADDENDUM

	ntification	ification		
Did the suspect hit you in the head with a part of his/her body, an object, a surface, or so	<	□ NO, skip this page □ YES, fill this page out		
What did the suspect use to hit your head (e.g., body parts, objects, surface, something e				
Approximately how many times did the suspect hit you in the head?				
LOSS OF AWARENESS SYMPTOMS ASSOCIATED WITH HEAD TRAUMA				
Did you lose consciousness?	🖵 No	🗆 Yes		
Are there any gaps in your memory before the hit(s) to your head?	🖵 No	🗆 Yes		
Are there any gaps in your memory after the hit(s) to your head?	🖵 No	🗆 Yes		
Did your position change during the hits to your head (e.g., standing to laying)? If yes, do you remember?	□ No □ No	🗆 Yes 🖵 Yes		
HEAD SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indicate if present at time	e of exam)			
Pain to the head (e.g., scalp, face)? Pain with eye movements? Pain to the nose? Pain to the lip/mouth/tongue? Pain with jaw opening/closing? Bruising to the head/face?	□ No □ No □ No □ No □ No □ No	 ❑ Yes 	 At time of exam 	

Mechanism of Injury

Loss of Awareness +/- Neuro Symptoms

Traumatic Brain Injury

HEAD INJURY ADDENDUM]		
	Patie	ent Identificatior	۱
Did the suspect hit you in the head with a part of his/her body, an object, a surface, or s	omething else at any time during the as	ssault?	NO, skip this page YES, fill this page out
What did the suspect use to hit your head (e.g., body parts, objects, surface, something	else)?		
Approximately how many times did the suspect hit you in the head?			
LOSS OF AWARENESS SYMPTOMS ASSOCIATED WITH HEAD TRAUMA			
Did you lose consciousness?		No 🖵 Yes	;
Are there any gaps in your memory before the hit(s) to your head?		No 🖵 Yes	;
Are there any gaps in your memory after the hit(s) to your head?		No 🖵 Yes	;
Did your position change during the hits to your head (e.g., standing to laying)? If yes, do you remember?		No 🗆 Yes No 🖵 Yes	
HEAD SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indicate if present at tir	ne of exam)		
Pain to the head (e.g., scalp, face)? Pain with eye movements? Pain to the nose? Pain to the lip/mouth/tongue? Pain with jaw opening/closing? Bruising to the head/face?		No Yes No Yes No Yes No Yes No Yes No Yes	 ❑ At time of exam

HEAD SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indicate if present at time of exam)			
Pain to the head (e.g., scalp, face)?	🖵 No	🖵 Yes	At time of exam
Pain with eye movements?	🖵 No	🗖 Yes	At time of exam
Pain to the nose?	🖵 No	🖵 Yes	At time of exam
Pain to the lip/mouth/tongue?	🖵 No	🖵 Yes	At time of exam
Pain with jaw opening/closing?	🖵 No	🖵 Yes	At time of exam
Bruising to the head/face?	🖵 No	🖵 Yes	At time of exam
Swelling to the head/face?	🖵 No	🖵 Yes	At time of exam
Deviated nose?	🖵 No	🖵 Yes	At time of exam
Nose bleeding?	🖵 No	🖵 Yes	At time of exam
Lip/mouth/tongue bleeding?	🖵 No	🖵 Yes	At time of exam
Tooth pain?	🖵 No	🖵 Yes	At time of exam
Chipped or loose teeth?	🖵 No	🖵 Yes	At time of exam
Difficulty breathing (through nose of mouth)?	🖵 No	🖵 Yes	At time of exam
Other?	🖵 No	🗖 Yes	At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indicate if present at time of e	exam)		
Problems with memory, recall, concentration? If yes, give examples.	🖵 No	🗆 Yes	At time of exam
Examples:			
Vision changes or problems?	🗖 No	🗆 Yes	At time of exam
Photosensitivity?	🗖 No	🖵 Yes	At time of exam
Hearing changes or problems?	🗖 No	🗖 Yes	At time of exam
Dizziness or dizzy spells?	🖵 No	🖵 Yes	At time of exam
Feeling faint?	🗖 No	🖵 Yes	At time of exam
Lightheaded?	🖵 No	🖵 Yes	At time of exam
Confusion?	🖵 No	🖵 Yes	At time of exam
Disoriented?	🖵 No	🖵 Yes	At time of exam
Headache?	🖵 No	🖵 Yes	At time of exam
Numbness or tingling?	🖵 No	🖵 Yes	At time of exam
Fatigue or sleepiness?	🖵 No	🖵 Yes	At time of exam

Mechanism of Injury

Loss of Awareness +/- Neuro Symptoms

LUC AD	DALLED MAY	ADDENDUN
HLAD	INJUKT	ADDENDUM

	Patient Ide	ntification	
Did the suspect hit you in the head with a part of his/her body, an object, a surface, or so	mething else at any time during the assault?		NO, skip this page YES, fill this page out
What did the suspect use to hit your head (e.g., body parts, objects, surface, something	else)?		
Approximately how many times did the suspect hit you in the head?			
USS OF AWARENESS SYMPTOMS ASSOCIATED WITH HEAD TRAUMA			
Did you lose consciousness?	□ No	C Yes	
Are there any gaps in your memory before the hit(s) to your head?	D No	C Yes	
Are there any gaps in your memory after the hit(s) to your head?	D No	C Yes	
Did your position change during the hits to your head (e.g., standing to laying)? If yes, do you remember?	□ No □ No	I Yes	
HEAD SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA lindicate if present at time	e of exam)		
Pain to the head (e.g., scalp, face)?		C Yes	At time of exam
Pain with eye movements?	D No	Yes	At time of exam
Pain to the nose?	D No	C Yes	At time of exam
Pain to the lip/mouth/tongue?	L No	La Yes	At time of exam
Pain with jaw opening/closing? Revision to the head/face?		LI Tes	At time of exam
Bruising to the head/face?	DNo	CI 105	At time of exam
Deviated nose?		D Yes	D At time of exam
Nose bleeding?		C Yes	At time of exam
Lip/mouth/tongue bleeding?	D No	C Yes	At time of exam
Tooth pain?	D No	Yes	At time of exam
Chipped or loose teeth?	D No	Yes	At time of exam
Difficulty breathing (through nose of mouth)?	D No	Yes	At time of exam
Other			Fight the second second
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indica	ate if present at time of exam)		
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples:	ete if present at time of exam)	C Yes	At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indica Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems?	ate if present at time of exam) No	□ Yes □ Yes	At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indica Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity?	ate if present at time of exam) No No No No	□ Yes □ Yes □ Yes	At time of exam At time of exam At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems?	ate if present at time of exam) No No No No No No No	□ Yes □ Yes □ Yes □ Yes	At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells?	ate if present at time of exam) No	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Vision changes of problems?	ate if present at time of exam) NO	I Yes Yes Yes Yes Yes Yes Yes	At time of exam At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizy spells? Feeling faint? Lightheaded? Condusie?	ate if present at time of exam) NO	I Yes Yes Yes Yes Yes Yes	At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indica Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disordented?	ate if present at time of exam) NO	165 165 165 165 165 165 165 165 165 165	At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indical Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeing faint? Lightheaded? Confusion? Disoriented? Headache?	ate if present at time of exam) No	Ves Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling?	ate if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: 	ate if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: 	ate if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizainess or dizy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? title?	ate if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples:	ate if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples:	ate if present at time of exam) NO	□ Yes □ Yes	At time of exam At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizriness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? ther? Total # of head injuries? Total # of head injuries with neuro symptoms? SUPPLEMENTAL HISTORY SECTION	ate if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizriness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? ther? Total # of head injuries? Total # of head injuries with neuro symptoms? SUPPLEMENTAL HISTORY SECTION	ate if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems? Diziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? ther? Total # of head injuries? Total # of head injuries with neuro symptoms? SUPPLEMENTAL HISTORY SECTION	ate if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples:	ate if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indical Problems with memory, recall, concentration? If yes, give examples. Examples:	ate if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indical Problems with memory, recall, concentration? If yes, give examples. Examples:	ate if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam
CUROLOGICAL (NEURO) SYMPTOMS EXPERIENCED AFTER THE HEAD TRAUMA (indice Problems with memory, recall, concentration? If yes, give examples. Examples: Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? ther? Total # of head injuries? Total # of head injuries with neuro symptoms? SUPPLEMENTAL HISTORY SECTION	te if present at time of exam) NO	Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam

Head Injury Addendum

Mechanism of Injury

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Loss of Awareness +/- Neuro Symptoms

Traumatic Brain Injury

Great Bodily Injury (GBI)

Strangulation Hypoxia Anoxia Symptom TBI Assessment (SHASTA)

	Shasta Community Forensic Care Team 2020 Form 002
Strangulation Hypoxia Anoxi	a Symptom TBI Assessment (SHASTA)
Victim Name:	Suspect Name:
Victim DOB:	Suspect DOB or Age:
Date of strangulation:	Children Name/DOB:
What was happening at the time (driving, at home, arguing, e	tc.)?
What did the suspect strangle you with (hands, chokehold, co	ord, etc.)?
Were you able to breathe? If yes were you able to speak? W	hat did you say?
Did the suspect say anything while strangling you?	
Did the suspect do anything else (hit, kick, headbutt, etc.) whi	ile strangling you?
Were you able to do anything to physically stop the strangula	tion? If yes, what?
what are you think during the strangulation?	8 d - 16 0K 1-0
was there any substance use (consensual or forced) prior to	or atter the strangulation? If so what?
NECK SYMPTOMS experienced DURING the strangulatio Unable to Breathe	n
Difficulty Breathing	
Neck Pain	
BRAIN HYPOXIA SYMPTOMS experienced DURING the s	trangulation
Vision Changes? Tunnel spot darkness etc.	
Hearing loss or changes? Ringing, vibration, etc.	
Dizziness	
Feeling Faint	
light headed	
Disoriented	
Headache	
Othor	
Viller	
BRAIN ANUALA SYMPTOMS experienced DURING the str	angulation
Did you lose consciousness?	
From the start of the hypoxic symptoms to the end of	
the strangulation, do you remember every single	
moment or is there a gap in your memory?	
Did your position change during the strangulation	
(standing to laying, etc)? If yes, do you remember?	
Do you remember the suspect letting go?	
After the strangulation, did you notice you had	
urinated or defecated? If ves. do you remember?	

Shasta Community Forensic Care Team 2020

Form 002

2

UPPER BODY SYMPTOMS experienced AFTER the strangulation. Indicate if still present at the time of exam

	After	Current
Neck Pain		
Difficulty breathing		
Pain with breathing		
Coughing? With or without blood		
Raspy/Horse Voice/Voice Changes		
Pain with speaking		
Trouble swallowing		
Painful swallowing		
Sore Throat		
Nausea		
Dry Heaving/Vomiting		
Other		

NEUROLOGICAL (NEURO) SYMPTOMS experienced AFTER the Strangulation. Indicate if still present at the time of exam

	After	Current
Problems with Memory, Recall,		
Concentration? If yes Give		
Examples		
Vision Changes/Problems		
Photosensitivity		
Hearing Changes/Problems		
Dizziness/Dizzy Spells		
Feeling Faint		
Light Headed		
Disoriented		
Headache		
Numbness/Tingling		
Other		

HEAD INJURIES BEFORE, DURING, or AFTER the strangulation

Did the suspect hit you in the head? If yes with what?	
How many times did the suspect hit you in the head?	
(NEURO) Did any of the hits cause you to feel dizzy,	
faint, disoriented, confused, or nauseous?	
(NEURO) Did any of the hits cause you to have	
vision changes (spots, stars, tunneling, etc.) or	
hearing changes (ringing, vibration, etc.)?	
(NEURO) Did any of the hits cause LOC?	

TOTAL # OF INJURIES INFLICTED BY THE SUSPECT

Total # of strangulations	
Total # of strangulations w/ LOC/memory gap	
Total # of head Injuries	
Total # of head injuries w/ NEURO symptoms	
H/o forced sexual intercourse? When was the last	
time? How many total?	
Other Injuries:	

1

					Patient	Identification			
Did the suspect apply any pressure to your	Did the suspect apply any pressure to your neck with any part of his/her body or an ob-					O, skip this pa	ge 🗆	YES, fill this	page out
What did the suspect strangle you with (e.	g., hands, o	chokehold, o	cord)?						
Were you able to breathe? If yes, were you	able to sp	eak? What d	lid you say?						
Did the suspect say anything while strang	ing you?								
Did the suspect do anything else (e.g., hit,	kick, head	butt) while :	strangling y	ou?					
Were you able to do anything to physically	stop the s	trangulation	n? If yes, wh	at?					
What did you think during the strangulation	on?								
NECK SYMPTOMS EXPERIENCED DURING	THE STRA	NGULATION	1		BRAIN HYPOXIA SYMPTOMS EXPERIEN	CED DURINGT	HE STRA	NGULATION	
Difficulty breathing?			🗆 No	C Yes	Vision changes (e.g., tunnel, spot, darkn	iess)?		No No	C Yes
Unable to breathe?				C Yes	Hearing loss or changes (e.g., ringing, v	ibration)?		No No	Yes
Other?				CI Yes	Dizziness?				Yes
			-	-	Liphtheaded?				T Yes
					Disoriented?				Tes 1
					Headache?			No	Yes
					Other?			No No	C Yes
BRAIN ANOXIA SYMPTOMS EXPERIENCED	DURING	THE STRANG	GULATION						
Did you lose consciousness?								D No	Tes Yes
From the start of the hypoxic symptoms to Did your position change during the strang	the end of subtion (e	the strangu	a to laving V2	ere a gap ir	your memory?				U Yes
If yes, do you remember changing position	ions?	.y., stanuni	g to taying/r						C Yes
Do you remember the suspect letting go?								No	T Yes
After the strangulation, did you notice you	had urinat	ed or defec	ated?					□ No	Yes
If yes, do you remember urinating or de	fecating?							□ No	C Yes
UPPER BODY SYMPTOMS EXPERIENCED present at time of exam)	FTER THE	STRANGUL	ATION (indic	ate if	NEUROLOGICAL (NEURO) SYMPTOMS E (indicate if present at time of exam)	XPERIENCED A	FTER TH	E STRANGUL	ATION
Nack pain?	DNo	D Vec	DAtions	of eram	Problems with memory, recall,				
Difficulty breathing?		C Yes	O At time	of exam	concentration? If yes, give examples.	D No	C Yes	At time	ofexam
Pain with breathing?	D No	C Yes	At time	of exam	Examples:				
Coughing?	No	Yes	At time	of exam	and the second second second		-	-	
With blood?	No	Yes	At time	of exam	Photoconcitivity?		LI Tes	DAttime	of exam
Without blood?	D No	I Yes	At time	of exam	Hearing changes or problems?		T Yes	DAttime	of exam
Raspy/hoarse voice/voice changes?		LI Yes	LI At time	of exam	Dizziness or dizzy spells?		Ta Yes	□ At time	of exam
Trouble swallowing?		D Yes	DAttime	of exam	Feeling faint?	D No	C Yes	At time	ofexam
Painful swallowing?		C Yes	At time	of exam	Lightheaded?	No	Yes	At time	ofexam
Sore throat?	C No	C Yes	At time	of exam	Confusion?	D No	Yes	At time	ofexam
Nausea?	No	Yes	At time	of exam	Disoriented?	I No	I Yes	□ At time	ofexam
Dry heaving/vomiting?	I No	Yes	At time	of exam	Numbress or tingling?		T Yes	DAttime	of exam
Otherr	LINO	LI tes	LI At time	of exam	Fatigue or sleepiness?		Ta Yes	At time	ofexam
					Other?	No	C Yes	At time	ofexam
TOTAL # OF INJURIES INFLICTED BY THE SE	JSPECT								
Total # of strangulations?									
Total # of strangulations with LOC or mem	ory gap?								
SUPPLEMENTAL HISTORY SECTION									

Strangulation Addendum

 Strangulation Addendum to the OES 502 DV Form

<u>Screen</u> for strangulation

<u>Screen</u> for symptoms of traumatic brain injury (TBI) as a result of the strangulation May be used as an addendum to other OES forms

SANEs can Screen for TBI

Clinician SAFEs can Diagnose TBI

RANGULATION ADDENDUM

				0 0		•
STRANGULATION ADDENDUM]			
			P-	tiont Idontification		
			Fa	Tent Identification		
Did the suspect apply any pressure to your neck with any part of his	s/her bod	y or an obje	ect, at any point during the assault?	🗆 NO, skip this page	□ YES, fill this	page out
What did the suspect strangle you with (e.g., hands, chokehold, co	rd)?					
Were you able to breathe? If yes, were you able to speak? What did	you say?					
Did the suspect say anything while strangling you?						
Did the suspect do anything else (e.g., hit, kick, headbutt) while str	angling y	ou?				
Were you able to do anything to physically stop the strangulation?	lf yes, wh	at?				
What did you think during the strangulation?						
NECK SYMPTOMS EXPERIENCED DURING THE STRANGULATION			BRAIN HYPOXIA SYMPTOMS EXPE	RIENCED DURING THE S	TRANGULATION	
Unable to breathe? Difficulty breathing? Neck pain? Other?	□ No □ No □ No □ No	☐ Yes ☐ Yes ☐ Yes ☐ Yes	Vision changes (e.g., tunnel, spot, e Hearing loss or changes (e.g., ringi Dizziness? Feeling faint? Lightheaded? Disoriented? Headache? Other?	darkness)? ng, vibration)?	 No 	 Yes
BRAIN ANOXIA SYMPTOMS EXPERIENCED DURING THE STRANGU	LATION					

Mechanism of Injury

Brain Hypoxia + Brain Anoxia Symptoms

Traumatic Brain Injury

			Patient Identification			
Did the suspect apply any pressure to your neck with any part of his	/her body	y or an obje	ect, at any point during the assault?	🗅 NO, skip this page	□ YES, fill this	page out
What did the suspect strangle you with (e.g., hands, chokehold, core	d)?					
Were you able to breathe? If yes, were you able to speak? What did	you say?					
Did the suspect say anything while strangling you?						
Did the suspect do anything else (e.g., hit, kick, headbutt) while stra	ingling y	ou?				
Were you able to do anything to physically stop the strangulation? I	f yes, wh	at?				
What did you think during the strangulation?						
NECK SYMPTOMS EXPERIENCED DURING THE STRANGULATION			BRAIN HYPOXIA SYMPTOMS EXPE	RIENCED DURING THE S	TRANGULATION	
Difficulty breathing? Unable to breathe? Neck pain? Other?	□ No □ No □ No	❑ Yes ❑ Yes ❑ Yes ❑ Yes	Vision changes (e.g., tunnel, spot, Hearing loss or changes (e.g., ring) Dizziness? Feeling faint? Lightheaded? Disoriented? Headache? Other?	darkness)? ing, vibration)?	□ No □ No □ No □ No □ No □ No □ No	 Yes
BRAIN ANOXIA SYMPTOMS EXPERIENCED DURING THE STRANGU	ATION					
Did you lose consciousness? From the start of the hypoxic symptoms to the end of the strangulat Did your position change during the strangulation (e.g., standing to If yes, do you remember changing positions? Do you remember the suspect letting go? After the strangulation, did you notice you had urinated or defecate If yes, do you remember urinating or defecating?	ion, is th laying)? d?	ere a gap ir	n your memory?		□ No □ No □ No □ No □ No □ No	 Yes

Brain Hypoxia + Brain Anoxia Symptoms

Traumatic Brain Injury

MIND BLOWN

				Patient Identification				
Did the suspect apply any pressure to w	pert apply any pressure to your perk with any part of higher body or an obj			t at any point during the accault? 🗆 NO skin this page			TH VES All this pape out	
What did the suspect strangle you with	(e.g., hands, c	hokehold,	cord)?					
Were you able to breathe? If yes, were y	ou able to spr	sak? What	did you say?					
DID THE SUSPECT SIX ADVIDUOD WITH SUM								
Did the suspect do anything else (e.g.	hit kirk haad	hutt) while	stranoling you?					
Were you able to do anything to physic	ally ston the s	trangulatio	n? If yes, what?					
What did you think during the strangul	nij stop tite s	angalaao	in in you, miller					
What did you chink during the solarigue	MC THE CTOAL	CULUM TO A		DALIN UNDAVIA COMPTONIC EXCENTION DUBING THE CERANCHI ATIAN				
NECK STMPTOMS EXPERIENCED DOKI	NO THE STRAF	GOLANO	-	BRAIN HTPOXIA STMPTOMS EXPERIENC	EU DORING IT	IE SINA	NOULATION	
Difficulty breathing? Unable to breathe?				Vision changes (e.g., tunnel, spot, darkne	ess)?		No Yes	
Neck pain?				Dirriness?	pration)r			
Other?			No Yes	Feeling faint?				
				Lightheaded?			No Yes	
				Disoriented?			No Yes	
				Headache?			No Yes	
				ther			U No U Yes	
GRAIN ANOXIA SYMPTOMS EXPERIENC	ED DURING	THE STRAN	GULATION					
Did you lose consciousness?							🗆 No 🗖 Yes	
From the start of the hypoxic symptoms	to the end of	the strang	ulation, is there a gap	in your memory?			No Yes	
Did your position change during the str	angulation (e.	.g., standin	g to laying)?				No Yes	
If yes, do you remember changing po	sitions?						No Yes	
After the strangulation, did you potice	or ou had urinat	ed or defer	ated?					
If yes, do you remember urinating or	defecatino?	ea or acted						
1								
present at time of exam)				(indicate if present at time of exam)				
Neck pain?	D No	Yes	At time of exam	Problems with memory, recall,			D III for al anno	
Difficulty breathing?		LI Yes	At time of exam	concentration r if yes, give examples.	LI NO	LI Tes	At time or exam	
Fain with preathing?	CI NO	D Vec	At time of exam	Examples:				
Couchine?		_	Carrie of the of the second	and the state of t				
Coughing? With blood?		T Yes	□ At time of exam.	Vision changes or problems?	No	Yes	At time of exam	
Coughing? With blood? Without blood?		Yes Yes	At time of exam	Vision changes or problems? Photosensitivity?	No No	□ Yes □ Yes	At time of exam At time of exam	
Coughing? With blood? Without blood? Raspy/hoarse voice/voice changes?		Yes Yes Yes	At time of exam At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems?	D No No No	Yes Yes Yes Yes	At time of exam At time of exam At time of exam	
Coughing? With blood? Without blood? Raspy/hoarse voice/voice changes? Pain with speaking?		Yes Yes Yes Yes Yes	At time of exam At time of exam At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells?	D No No No No	Yes Yes Yes Yes Yes	At time of exam At time of exam At time of exam At time of exam	
Coughing? With blood? Without blood? Raspy/hoarse voice/voice changes? Pain with speaking? Trouble swallowing?		□ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam At time of exam At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint?	No No No No No	□ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam At time of exam At time of exam At time of exam	
Coughing? With blood? Without blood? Raspy/hoarse voice/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing?	No No No No No No	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Cardwise?	No No No No No No	Yes	At time of exam At time of exam	
Coughing? With blood? Without blood? Raspy/hoarse voice/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat?	No No No No No No	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disordented?	D No No No No No No No	Yes	At time of exam At time of exam	
Coughing? Without blood? Without blood? Raspy/hoarse voice/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat? Nausea?	No No No No No No No	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache?	D No No No No No No No	Yes	At time of exam At time of exam	
Coughing? With blood? Without blood? Raspy/hoarse voice/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat? Nausea? Dry heaving/vomiting?	NO NO NO NO NO NO NO NO	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling?	D No No No No No No No No No	Yes	At time of exam At time of exam	
Coughing? With blood? Without blood? Raspy/hoarse voice/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat? Nausea? Dry heaving/vomiting? Other?	No No No No No No No No	 Yes 	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness?	No No No No No No No No No No No	Yes	At time of exam At time of exam	
Coughing? With blood? Without blood? Raspy/hoarse voice/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat? Nausea? Dry heaving/vomiting? Other?	No No No No No No No No	 Yes 	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? Other?	No No No No No No No No No No No	Yes Yes	At time of exam At time of exam	
Coughing? With blood? Without blood? Raspy/hoarse voice/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat? Nausea? Dry heaving/vomiting? Other? TOTAL # OF INJURIES INFLICTED BY THE	- No No No No No No No No SUSPECT	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling fain? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? Other?	No No No No No No No No No No	Yes	At time of exam At time of exam	
Coughing? With blood? Without blood? Raspy/hoarse voice/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat? Nausea? Dry heaving/vomiting? Other? TOTAL # OF INJURIES INFLICTED BY THE Total # of strangulations?	- No No No No No No No No SUSPECT	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling fain? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? Other?	No No No No No No No No No No No	Yes	At time of exam At time of exam	
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Coughing? With blood? With blood? Mithout blood? Raspy/hoarse volce/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Painful swallowing? Sore throat? Nausea? Dry heaving/vomiting? Other? TOTAL # OF INJURIES INFLICTED BY THI Total # of strangulations? Total # of strangulations with LOC or me SUPPLEMENTAL HISTORY SECTION	No No No No No No No No Suspect E SUSPECT	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? Other?	No No No No No No No No No No No	Yes	At time of exam At time of exam	
Coughing? With blood? With blood? Raspy/hoarse volce/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat? Nausea? Dry heaving/vomiting? Other? TOTAL # OF INJURIES INFLICTED BY THI Total # of strangulations? Total # of strangulations with LOC or me SUPPLEMENTAL HISTORY SECTION	NO NO NO NO NO NO NO NO NO NO SO NO SO SO SO SO SO SO SO SO SO SO SO SO SO	Yes Yes Yes Yes Yes Yes Yes Yes Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? Other?	No No No No No No No No No No No	Yes	At time of exam At time of exam	
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Coughing? With blood? With blood? Raspy/hoarse volce/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat? Nausea? Dry heaving/vomiting? Other? TOTAL # OF INJURIES INFLICTED BY THI Total # of strangulations? Total # of strangulations with LOC or me SUPPLEMENTAL HISTORY SECTION	NO NO NO NO NO NO NO NO NO NO NO SUSPECT	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? Other?	No No No No No No No No No No No	Yes	At time of exam At time of exam	
Coughing? With blood? With blood? Raspy/hoarse volce/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat? Nausea? Dry heaving/vomiting? Other? TOTAL # OF INJURIES INFLICTED BY THI Total # of strangulations? Total # of strangulations with LOC or me SUPPLEMENTAL HISTORY SECTION	NO NO NO NO NO NO NO NO NO NO NO NO NO SUSPECT	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? Other?	No No No No No No No No No No	□ Yes □ Yes	At time of exam At time of exam	
Coughing? With blood? With blood? Raspy/hoarse volce/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat? Nausea? Dry heaving/vomiting? Other? TOTAL # OF INJURIES INFLICTED BY THI Total # of strangulations? Total # of strangulations with LOC or me SUPPLEMENTAL HISTORY SECTION	NO NO NO NO NO NO NO NO NO NO NO NO NO SUSPECT	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? Other?	No No No No No No No No No No	□ Yes □ Yes	At time of exam	
Coughing? With blood? With blood? Raspylhoarse volce/voice changes? Pain with speaking? Trouble swallowing? Painful swallowing? Sore throat? Nausea? Dry heaving/vomiting? Other? TOTAL # OF INJURIES INFLICTED BY THI Total # of strangulations? Total # of strangulations with LOC or me SUPPLEMENTAL HISTORY SECTION	NO NO NO NO NO NO NO NO NO NO NO NO SUSPECT	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	At time of exam At time of exam	Vision changes or problems? Photosensitivity? Hearing changes or problems? Dizziness or dizzy spells? Feeling faint? Lightheaded? Confusion? Disoriented? Headache? Numbness or tingling? Fatigue or sleepiness? Other?	No No No No No No No No No No	□ Yes □ Yes	At time of exam	

Strangulation Addendum

Mechanism of Injury

+

Brain Hypoxia + Brain Anoxia Symptoms

Traumatic Brain Injury

Great Bodily Injury (GBI)

About that Memory Gap...

After the strangulation started did you experience...

- Vision changes (blurred, spots, stars, black curtain, tunnel)
- Hearing Changes (ringing, vibration)
- Dizziness
- Feeling Faint
- <u>Did you lose consciousness?</u>
 - <u>Yes = TBI</u>
- From the start of those symptoms until all the end of the strangulation, is there a <u>gap in your</u> <u>memory?</u>
 - <u>Yes = TBI</u>
- Remember: Gap in Memory = Loss of Consciousness = Anoxic Brain Injury = TBI

After the force was applied to your neck and you experienced the difficulty breathing/unable to breathe, vision/hearing changes, dizziness, lightheadedness, and feeling faint, to the very end when all the force was gone, do you remember every single moment or are there any gaps in your memory?

Establishing the Gap....

• John Brenkus strangled by Gina Carano

Establishing the Gap....

- But how often is a patient unable to remember they lost consciousness during a strangulation?
- "What happened?"
- "When?"
- "You said I'm going to choke you out and that's the last thing I remember."
- "I didn't even think that we went."

LOC and Memory Loss During Non-Fatal Strangulation

- Unpublished Data
- 191 unique patients
- 267 strangulations
- 145 reported a gap in memory
 - -74 reported LOC (51%)
 - -71 denied LOC (49%)

Photo courtesy of

 Half of patients who experienced LOC didn't remember it

Understanding the Immediate, Delayed, and Long-term Consequences of Strangulation

RECOMMENDATIONS FOR THE **MEDICAL/RADIOGRAPHIC EVALUATION** OF ACUTE ADULT/ADOLESCENT, **NON/NEAR FATAL STRANGULATION**

Prepared by Bill Smock, MD; Bill Green, MD; and Sally Sturgeon, DNP, SANE-A

Endorsed by the **National Medical Advisory Committee**: Cathy Baldwin, MD; Ralph Riviello, MD; Sean Dugan, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD; Michael Weaver, MD

Evaluate for acute medical conditions requiring immediate management/stabilization
 Evaluate carotid and vertebral arteries for injuries (dissection/thrombosis)
 Evaluate airway structures and other bony/cartilaginous/soft tissue neck structures

STRANGULATION PATIENT PRESENTS TO THE EMERGENCY DEPARTMENT

HISTORY (ANY of the following; current OR assault related and now resolved)

- 1. Loss of consciousness
- 2. Visual changes: "spots," "flashing lights," "tunnel vision"
- 3. History of altered mental status: "dizzy," "confused," "lightheaded," "loss of memory," "any loss of awareness"
- 4. Breathing changes: "I couldn't breathe," "difficulty breathing"
- 5. Incontinence (bladder or bowel)
- 6. Neurologic symptoms: seizure-like activity, stroke-like symptoms, headache, tinnitus, decreased hearing, focal numbress, amnesia

PHYSICAL EXAM (ANY Abnormality)

- 1. Functional assessment of breathing, swallowing, and voice
- 2. Thorough examination of neck, eyes, TMs, oral mucosa, nose, airway, upper torso for: tenderness, swelling, bruising, abrasions, crepitance, bruit
- 3. Venous congestion/petechial hemorrhages/ scleral hemorrhages
- 4. Ligature mark = HIGH RISK

IMENDATIONS FOR THE **MED** UTE ADULT/ADOLESCENT, **NON/NE**ATE

Prepared by Bill Smock, MD; Bill Green

Endorsed by t Baldwin, MD; Ralph Riviello, MD; Sean Dugan, MD; Steve Stapczynski, wid, Literic

acute medical conditions requiring immediate manage rotid and vertebral arteries for injuries (dissection/thron way structures and other bony/cartilaginous/soft tissue

ON PATIENT PRESENTS TO THE EMERGENCY DEPART

t OR assault related and now resolved)

ng lights," "tunnel vision" "dizzy," "confused," " "any loss of awareness" preathe," "difficulty breathing"

ike activity, stroke-like symptoms, earing, focal numbness, amnesia

PHYSICAL P

- 1. Functional and voice
- 2. Thorough examined mucosa, nose, airway swelling, bruisine
- 3. Venous conscleral Li-
- 4. li~-
- 5. .

Imaging

Diagnostics to screen for Carotid Artery Dissection

- <u>CTA Neck is the Gold</u> <u>Standard</u>
- US may miss the proximal internal carotid and will miss the vertebral arteries
- MRA less sensitive than CTA but acceptable

What does our friendly neighborhood vascular surgeon say?

Practice Management Guidelines

- Minimal Strangulation/Hanging Patients
- 2-9% BCVI

Large BCVI Cohorts

- Minimal Strangulation/Hanging Patients
- <u>1.1-7.6% BCVI</u>

Small Strangulation Cohorts

- All Strangulation/Hanging Patients
- <u>1-2% BCVI</u> (all strangulation patients)
 - Excluding MacDonald

BOTTOM LINE: Liberal/Universal CTA Screening Protocol is recommended on all adult patients

RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of the PREGNANT ADULT PATIENT WITH NON-FATAL STRANGULATION

Prepared by Michael Weaver, MD and Barbra Bachmeier, JD, MSN, NP-C

Endorsed by the National Medical Advisory Committee: Bll Smock, MD, Chair; Cathy Baldwin-Johnson, MD; William Green, MD; Dean Hawley, MD; Sally Henin, MD; Ralph Riviello, MD; Heather Rozzi, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD

- 1. Evaluate carotid and vertebral arteries for injuries
- GOALS: 2. Evaluate bony/cartilaginous and soft tissue neck structures
 - 3. Evaluate brain for anoxic injury
 - 4. Evaluate/Monitor the fetus

Pregnant Strangulation patient presents to the Emergency Department

Evaluate per institution Trauma Pregnancy Protocol/ OB Consultation

History of and/or physical exam with ANY of the following:

- Loss of consciousness (anoxic brain injury)
- Visual changes: "spots", "flashing light", "tunnel vision"
- Facial, intraoral or conjunctival petechial hemorrhage
- Ligature mark or neck contusions
- Soft tissue neck injury/swelling of the neck/cartoid tenderness
- Incontinence (bladder and/or bowel from apovic injury)

History of and/or physical exam with:

- No LOC (anoxic brain injury)
- No visual changes: "spots", "flashing light", "tunnel vision"
- No petechial hemorrhage
- No soft tissue trauma to the neck
- No dyspnea, dysphonia or odynophagia
- · No neurological aigno er aumentenes (i a
Recommended Radiographic Studies to Rule Out Life-Threatening Injuries*

(including rare delayed presentations of up to 2 years)

- CT Angio of carotid/vertebral arteries (GOLD STANDARD for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma. Safe for all stages of pregnancy and/or lactating patients.) or
- CT neck with contrast (less sensitive than CT Angio for vessels, good for bony/ cartilaginous structures. Safe for all stages of pregnancy and/or lactating patients.) or
- MRIs without gadolinium:
 - MRA of neck (less sensitive than CT Angio for vessels) or
 - MRI of neck (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) or
 - MRI/MRA of brain (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)

Safe to perform during all trimesters for pregnant and/or lactating patients.

- MRIs with gadolinium (NOT RECOMMENDED: Use should be limited to situations in which the benefits clearly outweigh possible risks.)
- Carotid Doppler Ultrasound (NOT RECOMMENDED: Least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid.)

INVITED COMMENT

Emergency Evaluation of Nonfatal Strangulation Patients: A Commentary on Controversy and Care Priorities

May be used by <u>YOU</u> to educate your medical sta on the importance of screening all strangled patients with a CTA

educate your medical staff, Anderson, PhD, RN, SANE-A, Baltimore, MD; Sacramento, CA; San Diego, CA; Redding, CA; and University Park, F

ellation—external pressure applied to the neck compromises blood flow, air flow, or both—is a non occurrence in the setting of interpersonal As emergency nurses and prescribers have reasingly aware of the prevalence and negative omes of strangulation, practice and research begun to explore best practices for evaluation ients.

issue of the *Journal of Emergency Nursing*, t al³ describe characteristics of strangulation aduated in a sexual assault nurse examiner ogram. Findings presented in this retrospective within 5 to 10 seconds and death in minutes,^{1,6} th ical need for coordinated emergency evaluation response is clear. This manuscript adds to the gr literature on strangulation and highlights 2 imp considerations for emergency care of these patients: a priate diagnostic imaging evaluation and variabil clinical documentation.

The Mechanism of Strangulation

Blunt force trauma to the neck, such as strangulation

It's OK to Order Angiogra Strangulation Victims

By Gary Gaddis, MD, PhD, FACEP, FIFEM; William M. Green, MD, FACEP; Ralph Riviello, M^r Weaver, MD, FACEP, CDM | on June 14, 2022 | 0 Comment



A problematic manuscript regarding the "work-up" of strangled r 19 by the journal *Emergency Radiology*, has recent.

ACEP - 2022

- "Our summary could assist the emergency physician to capably refute that radiologist's assertions and persuade them to perform the indicated testing."
- "Our rationale centers not only upon the science of the matter, but also upon the <u>risk for failing to</u> <u>meet the requirements of the</u> <u>Emergency Medical Treatment</u> <u>and Labor Act (EMTALA) statute</u> regarding the detection and stabilization of an emergency condition."

Management of TBI: Treatment and Referral

Photo courtesy of trauma-brain-treatment-1024x722.jpeg (10

Treatment and Referral

- Referral to a Neurologist who specializes in patients with this type of injury
- Referral to an occupational therapist (OT) with specialization in:
 - TBI

Photo courtesv of trauma-brain-treatment-1024x722.ipeg

- Dementia/Alzheimer's
- Other neurocognitive disorders
- Trauma-Informed Therapist
 IPV/DV/TBI

Treatment and Referral

- Explain the symptoms and clinical course of TBI
- Reassure the patient that she/he isn't going crazy
- Your symptoms can last for days, weeks, months, or even years
- Provide Hope

Photo courtesv of trauma-brain-treatment-1024x722.jp

• Rest is the best medicine for the brain

Expert Testimony



What you need to know before you go to court

- Definition
- Forces Required
- Timeline of Events
- When do you get petechiae? When don't you?
- AAN Policy Statement
- Normal Brain Basics and Anatomy
- Basic Neck Anatomy
- Symptoms/Mechanics of Brain Hypoxia
- Symptoms/Mechanics of Brian Anoxia
 - Which cells die first? What is their function?
- Brain Injury Rate (neurons and synapses lost)
- Traumatic Brain Injury Sequelae (aka chronic symptoms)
 - How it affects memory (amnestic profile)
- Is strangulation life threatening? Why?

Recap

- Set up the Fillable PDF
- 3 functions, Arrow, Line, & Dra
- Forensic Photography
 - Rule of 4's for visible injuries
 - 1 photo for TTP
- Neck Exam
 - 6 planes of motion Don't forget to document that on the 502 form!!!
- Cranial Nerve/Neuro Exam
- Patients may not remember losing consciousness – Assess for Amnesia
- Refer to OT for Treatment
- Prepare for Court!



QUESTIONS?

No, try not. Do, or do not. There is no try.

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