**GOALS:**
1. Evaluate carotid and vertebral arteries for injuries
2. Evaluate bony/cartilaginous and soft tissue neck structures
3. Evaluate brain for anoxic injury

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**Strangulation patient presents to the Emergency Department**

**History of and/or physical exam with ANY of the following:**
- LOC (anoxic brain injury)
- Visual changes: "spots", "flashing light", "tunnel vision"
- Facial intraoral or conjunctival petechial hemorrhage
- Ligature mark or contusions on neck
- Soft tissue neck injury/swelling of the neck
- Incontinence (bladder and/or bowel from anoxic injury)
- Neurological signs or symptoms (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symptoms.)
- Dysphonia/Aphonia (hematoma, laryngeal fracture, soft tissue swelling)
- Dyspnea (soft tissue swelling, hematoma, phrenic nerve injury)
- Subcutaneous emphysema (tracheal/ laryngeal rupture)

**Radiographic Study Required to R/O Life-Threatening Injuries**

- CT Angio of carotid/vertebral arteries (gold standard for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma)
- CT neck with contrast (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures)
- MRA of neck (less sensitive than CT Angio for vessels, best for soft tissue trauma)
- MRI of neck (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma)
- MRI/MRA of brain (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)

**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 signs or symptoms (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symptoms.)
- And reliable home monitoring

Discharge home with detailed instructions to return to ED if: neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens

- Consult Neurology Neurosurgery/ Trauma Surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia,

*References on page 2

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WSS
REFERENCES


13. Sethi PK, Sethi NK, Torgovnick J, Arnsura E, Delayed Left Anterior and Middle Cerebral Artery Hemorrhagic Infarctions After Attempted Strangulation, A case report; Am J Forensic Med Pathol 2012;33:105-106


