

EXAMPLE POLICY AND PROCEDURE

Policy Name: Standard of Practice in Non-Fatal Strangulation Cases

1. Purpose

To have a policy that identifies and communicates evidenced-based best practice/standard of practice based upon the assessment of the patient, the caregiver/guardian/patient's consent, and medical status in non-fatal strangulation cases.

2. Policy

Each patient will be assessed for the purpose of medical diagnoses and treatment. This will include the physical assessment, collection of potential biological and trace evidence to identify any forensic findings, and documentation of objective findings and subjective complaints (Faugno, Waszak, Strack, Brooks, & Gwinn, 2013).

Any procedure that is completed by another professional (i.e., social work, advocate) should be documented as such.

Follow institutional/local guidelines, policies, laws for the incapacitated patient or minor.

3. Procedure

- a) Thorough head-to-toe physical assessment (genital examination to be conducted as indicated)
- b) Completion of danger assessment/lethality assessment (Campbell, 2004; Campbell, Webster, & Glass, 2009)
- c) Completion of strangulation documentation to include:
 - a. Written documentation form
 - b. Body mapping of injuries
 - c. Photo-documentation
 - d. Mannequin demonstration (optional)
- d) Neck circumference measurement
- e) Use of alternate light source (ALS)/ultraviolet (UV) light (as indicated or available) for identification of potential biological fluids and/or for enhancement of visual bruises (not to be used to identify bruises that cannot be seen) (Eldredge, Huggins, & Pugh, 2012)
- f) Potential evidence collection (as applicable or if indicated)
- g) Assist patient with acquiring the necessary resources to file for victim of violent crime fund/compensation per local jurisdiction (if available)
- h) Assess for safety planning/resources disposition
Follow individual, local, mandated reporter for adult/pediatric population with referrals as needed to adult protection services (APS) and/or child protective services (CPS).
- i) If evaluation results indicate need, discuss possibility of observation or overnight admission.
- j) Discuss follow-up plan of care

4. Follow-Up Care

Follow up examinations within 72 hours post assault. In case of holidays/weekends: follow up with a phone call within 72 hours, with a scheduled appointment as soon as possible (Taliaferro, Hawley, McClane, & Strack, 2009).

Follow-up appointment to consist of:

- a) Head-to-toe physical assessment
- b) Strangulation documentation form
- c) Photography (of progression of bruising or identification of new bruises)
- d) Neck circumference
- e) Use of ALS/UV light (as indicated or available) as indicated above in #3e
- f) Ongoing safety assessment

- g) Referrals to ear, nose, and throat (ENT) specialist, neurology, other providers, counseling per scope of practice

5. Terms

1. 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, 1984; Line, Stanley, & Choi, 1985).
2. Standards of Practice. Authoritative statements that “[describe a competent level of nursing care as demonstrated by the nursing process” (ANA, 2010, p. 67).
3. Danger assessment: An easy and effective method for forensic nurses and other community professionals to identify those who are at the highest potential for being seriously injured or killed (lethality) by their intimate partners so as to immediately connect these patients and clients to a domestic violence service provider in their area.
4. ALS (alternate light source): A high-intensity light using differing wavelengths that may fluoresce fluids/fibers and help enhance bruises that can be seen under white light.
5. UV (ultraviolet) light: An electromagnetic radiation with a wavelength from 100 nm to 400 nm. A portion of the light spectrum, which is not visible to the naked eye, that may help fluoresce fluids/fibers.
6. Mannequin head: An effective tool to aid the patient in demonstrating the act of strangulation.