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| Date of Strangulation:  | Time of Strangulation: |
| Number of times strangled: |
| History (in patient’s own words): |
| Method/Manner of Strangulation: | [ ]  One hand[ ]  Two hands[ ]  Chokehold[ ]  Approached from behind[ ]  Approached from the front[ ]  Ligature used | [ ]  Multiple strangulation attempts[ ]  Jewelry on suspect’s hand/wrist[ ]  Jewelry on patient’s neck during strangulation[ ]  Other (comment) |
| During strangulation, did the patient note any of the following? | [ ]  Loss of consciousness[ ]  Incontinence of stool[ ]  Being shaken[ ]  Feet were lifted off the ground | [ ]  Incontinence of urine[ ]  Bleeding (comment)[ ]  Smothered in addition to being strangled  With what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Since the strangulation has the patient noted any of the following symptoms? | [ ]  Coughing[ ]  Dysphagia[ ]  Lightheadedness[ ]  Nose Pain[ ]  Sore Throat[ ]  Combativeness/irritability/restlessness[ ]  Loss of Memory (comment) | [ ]  Drooling[ ]  Odynophagia[ ]  Neck Pain[ ]  Nausea[ ]  Crepitus/ subcutaneous emphysema[ ]  Voice changes (comment)[ ]  Bleeding (comment) | [ ]  Dyspnea[ ]  Headache[ ]  Neck Swelling[ ]  Vomiting[ ]  Uncontrolled shaking[ ]  Vision changes (comment)[ ]  Weakness/numbness of extremities (comment) |

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| **Glascow Coma Scale**(Circle the appropriate score for each, complete the total at the bottom)

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| **Eye Opening** | **Score** |
| Spontaneous | 4 |
| To speech | 3 |
| To pain | 2 |
| None | 1 |

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| **Verbal Response** | **Score** |
| Oriented | 5 |
| Confused | 4 |
| Inappropriate | 3 |
| Incomprehensible | 2 |
| None | 1 |

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| **Motor Response** | **Score** |
| Obeys Commands | 6 |
| Localizes to pain | 5 |
| Withdraws from pain | 4 |
| Flexion to pain (decorticate) | 3 |
| Extension to pain (decerebrate) | 2 |
| None | 1 |

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| **Total Score**  |  |

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| **Respiratory Assessment** | O2 Saturation:Time:\_\_\_ Level:\_\_\_Time:\_\_\_ Level:\_\_\_  | Lung Sounds: |
| **Cardiac Assessment** | Heart Rate:Time:\_\_\_ Rate:\_\_\_Time:\_\_\_ Rate:\_\_\_\_ | Heart sounds: | Abnormal carotid pulse:[ ]  Yes (if yes, describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| **Neurologic findings:** | [ ]  Ptosis[ ]  Paralysis[ ]  Facial Droop[ ]  Loss of sensation[ ]  Unilateral weakness[ ]  Other (describe): |
| **Petechiae** | [ ]  Facial[ ]  External ears[ ]  Ear canal [ ]  Left [ ]  Right[ ]  Eyes[ ]  Conjunctival[ ]  Mouth[ ]  Neck[ ]  Other (describe): |
| **Other** | [ ]  Tongue injury (see diagrams)[ ]  Oral cavity injury (see diagrams)[ ]  Subconjunctival hemorrhage (see diagrams)[ ]  Absence of normal crepitus felt during manipulation of cricoid cartilage[ ]  Visible injury (see diagrams)[ ]  Digital photographs taken |
| **Patient Pregnancy Status** | [ ]  Yes[ ]  No# of weeks\_\_\_ | Fetal Heart Rate/NST: \_\_\_\_\_\_\_Fetal Movement:­­­\_\_\_\_\_\_ | Pregnancy-related symptoms during or since the strangulation: |

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| **Cranial Nerve Assessment** |
| **CN I: Olfactory**Function: Convey sense of smell. | [ ] Within Defined Limits [ ] Exceptions to Within Defined LimitsAssessment: Test each nostril with substances of known odors.Comments for Exceptions: |
| **CN II: Optic**Function: Transmits visual information. | [ ]  Within Defined Limits [ ]  Exceptions to Within Defined LimitsAssessment: Test visual fields (outer, inner, right, left) of each eye.Comments for Exceptions:  |
| **CN III: Oculomotor**Function: Coordinates eye movement. | [ ]  Within Defined Limits [ ]  Exceptions to Within Defined LimitsAssessment: Test the six cardinal positions of gaze.Comments for Exceptions:  |
| **CN IV: Trochlear**Function: Coordinates eye movement. | [ ]  Within Defined Limits [ ]  Exceptions to Within Defined LimitsAssessment: Test the six cardinal positions of gaze.Comments for Exceptions:  |
| **CN V: Trigeminal**Function: Provides sensation to the skin of the face and also controls the muscles of mastication. | [ ]  Within Defined Limits [ ]  Exceptions to Within Defined LimitsAssessment: Test sensation with a dull object in all areas of the face.Comments for Exceptions:  |
| **CN VI: Abducens**Function: Coordinates eye movement. | [ ]  Within Defined Limits [ ]  Exceptions to Within Defined LimitsAssessment: Test the six cardinal positions of gaze.Comments for Exceptions:  |

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| **CN VII: Facial**Function: Coordinates facial movements and expression | [ ]  Within Defined Limits [ ]  Exceptions to Within Defined LimitsAssessment: Test facial symmetry with movement (smiling, raise eyebrows, etc.)Comments for Exceptions:  |
| **CN VIII: Acoustic**Function: Coordinates hearing and balance. | [ ]  Within Defined Limits [ ]  Exceptions to Within Defined LimitsAssessment: Test hearing by rubbing fingers together by each ear. Assess balance in patient movements; note c/o dizziness.Comments for Exceptions:  |
| **CN IX: Glossopharyngeal**Function: Provides sensory innervation to the oropharynx and back of the tongue. | [ ]  Within Defined Limits [ ]  Exceptions to Within Defined LimitsAssessment: Test gag reflex. Asses soft palate and uvula.Comments for Exceptions:  |
| **CN X: Vagus**Function: Assists in coordinating pharyngeal muscles; serves as the major supply nerve to the recurrent laryngeal nerve. | [ ]  Within Defined Limits [ ]  Exceptions to Within Defined LimitsAssessment: Test ability to swallow. Listen for voice changes (note c/o voice changes, hoarseness).Comments for Exceptions:  |
| **CN XI: Spinal Accessory**Function: Coordinates neck and shoulder movements. | [ ]  Within Defined Limits [ ]  Exceptions to Within Defined LimitsAssessment: Test movements by shrugging shoulders and turn head against resistance.Comments for Exceptions:  |
| **CN XII: Hypoglossal**Function: Coordinates movement of the tongue | [ ]  Within Defined Limits [ ]  Exceptions to Within Defined LimitsAssessment: Test tongue symmetryComments for Exceptions:  |

**Please indicate all injuries that were identified during the assessment on the body diagrams**

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| Gender neutral head looking straight ahead | Description     |
| Back of Gender neutral head  | Description     |
| Gender neutral head looking up (neck is exposed) | Description     |

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| Gender neutral head turned to the side | Description     |
| Gender neutral head turned to the other side | Description     |
| Nostrils and open mouth | Description     |

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| Eyes and eyebrows - eyes looking forward | Description   |
| Eyes and eyebrows - eyes looking to the right | Description   |
| Eyes and eyebrows - eyes looking to the left | Description   |
| Eyes and eyebrows - eyes looking down | Description   |
| Eyes and eyebrows - eyes looking up | Description   |

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| Gender neutral full body map - front of body | Description  |
| Gender neutral full body map - back of body | Description  |
| Gender neutral full body map - facing side with one leg lifted | Description  |
| Gender neutral full body map - facing to the other side with one leg lifted | Description  |

Photo-documentation of findings: [ ]  Yes [ ]  No

**Notes**

Forensic Nurse Examiner Signature

Date