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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)   |  |  | | --- | --- | | **Eye Opening** | **Score** | | Spontaneous | 4 | | To speech | 3 | | To pain | 2 | | None | 1 |  |  |  | | --- | --- | | **Verbal Response** | **Score** | | Oriented | 5 | | Confused | 4 | | Inappropriate | 3 | | Incomprehensible | 2 | | None | 1 |  |  |  | | --- | --- | | **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 |  |  |  | | --- | --- | | **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 Limits  Assessment: 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 Limits  Assessment: 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 Limits  Assessment: Test the six cardinal positions of gaze.  Comments for Exceptions: |
| **CN IV: Trochlear**  Function: Coordinates eye movement. | Within Defined Limits  Exceptions to Within Defined Limits  Assessment: 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 Limits  Assessment: 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 Limits  Assessment: 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 Limits  Assessment: 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 Limits  Assessment: 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 Limits  Assessment: 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 Limits  Assessment: 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 Limits  Assessment: 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 Limits  Assessment: Test tongue symmetry  Comments 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