Patient presenting with suspected or confirmed strangulation/asphyxiation (SSA)
(e.g., hanging, manual strangulation, laceration injury)

Primary Survey
Vital Signs

Compromised?
Yes → ATLS
No

Patient stabilized

Stable/Symptomatic
ED disposition pending evaluation for suicidal intent or risk assessment for interpersonal violence

Detailed Secondary Exam
Signs or symptoms of other traumatic injury/morbidities

Expand workup and treatment

Airway
- Dysphonia/hoarseness
- Stridor
- Dysphagia/odynophagia
- Shortness of breath
- Anterior neck swelling, emphysema, pain
- Hemoptysis

CT Soft Tissue Neck w/o Contrast
If symptoms are present, ENT consultation is indicated regardless of cartilaginous or hyoid fractures on CT

ENT consult

Reassess respiratory support, frequent suction, consider high PEEP

Respiratory
- Dyspnea
- New oxygen requirement
- Abnormal auscultation
- Intubation

OXR

CT C-spine

High C-spine fracture (posterior condyle, C1-C3), cervical vertebral body fracture or fracture through foramen transversarium, subluxation or ligamentous injury at any level

Cervical injury identified

Reassess respiratory support, frequent suction, consider high PEEP

Spleen consult

Spleen
- Midline tenderness
- Step-offs or deformity
- Extremity paralysis or weakness
- GCS <15

CT C-spine

Vascular
- Audible neck bruit
- Expanding neck hematoma
  (NOTE: simple ecchymosis alone does not mandate CTA imaging)
- Focal neurological deficits to include TAI, Horner’s syndrome, vertebrobasilar syndrome
- Arterial bleeding from nose, mouth, neck
- GCS <8

CT Ct Head & Neck w/o contrast (MRI)
(See Appendix 1)

@ arterial injury

Neurosurgery consult

@ focal intracranial injury

Neurocritical care consult

@ evidence of anoxic brain injury or permanent depressed GCS, seizures, focal deficits

Neurological
- GCS <15
- Seizures
- Focal neurological deficits

CT Head w/o

Created: 3/2020
Department of Emergency Medicine
STRANGULATION / ASPHYXIATION APPENDICES:

Appendix 1

<table>
<thead>
<tr>
<th>Suspected hanging is a Trauma Alert criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For additional overlapping content related to this subject, please see the UCMC BCVI guidelines, which can be found here.</td>
</tr>
<tr>
<td>BCVI - blunt cerebrovascular injury</td>
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<tr>
<td>GCS - Glasgow Coma Score w/o - without intravenous contrast</td>
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<tr>
<td>PEEP - peak end expiratory pressure</td>
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<tr>
<td>TIA - Transient Ischemic Attack</td>
</tr>
</tbody>
</table>

REFERENCES


Ganesan, Priya, Moses KKirubairaj Amos Jegaraj, Sathish Kumar, Bijesh Yadav, Bagyalaksmi Selva, and Reginald George Alex Tharmaraj. 2018. “Profile and Outcome of Near-Hanging Patients Presenting to Emergency Department in a Tertiary Care


