

NURSING SERVICES GUIDELINE Emergency Department

Guideline: Strangulation Evidence Collection



Guidelines Superseded: N/A

Purpose: Non-fatal strangulation is a serious health concern with the potential for lifelong consequences. Defined as external pressure to the neck that occludes the airway and/or blood vessels, strangulation impedes oxygenation and can result in acute and long-term injuries psychological terror, brain trauma, and even death. For these reasons, when a patient presents to the Emergency Department with a report of external pressure applied to the neck, physical examination and possibly testing (i.e., laboratory testing and/or radiological imaging) will be completed, and evidence may be collected if the presentation is within a 96-hour time frame of the report incident. Written and photo documentation will also occur as applicable and with the consent of the patient.

Effective Date:
5/2026

Initial Effective Date:
5/2026

Responsibility: Sexual Assault Nurse Examiner/forensic nurse examiner

Definitions:

Strangulation: A form of asphyxia (lack of oxygen) characterized by closure of the blood vessels and/or air passages of the neck resultant from external pressure on the neck.

Medical forensic exam: A medical forensic exam (MFE) is any examination and treatment of a patient that offers/collects evidentiary material as part of the patient exam and has the potential to be included in the criminal or civil justice system proceedings.

SANE/FNE: Sexual assault nurse examiner/forensic nurse examiner

Equipment:

- Camera/Rover
- Evidence collection supplies (swabs, sterile saline or water, envelopes, paper bags,
- evidence tape, appropriate paperwork)
- Measuring standard that identifies size (centimeters or inches) and color (black and white)
- Gloves

Procedure:

In addition to the health concerns, non-fatal strangulation may necessitate collection of evidentiary specimens, safety planning, and follow-up. In addition to the emergency department (ED) provider and staff, it is the expectation that when strangulation is suspected or disclosed as part of the history, the Sexual Assault Nurse Examiner (SANE) or forensic nurse examiner (FNE) will be a collaborative part of the response team. An ED provider will provide medical screening exams for all strangulation patients. The first priority of ED personnel is to provide appropriate medical care for any life-threatening injury that may be present.

1. Patients presenting to the ED with reports of recent strangulation will be registered and moved to a private patient room as soon as possible.
2. Patients will be triaged to determine the need for medical treatment related to assault. Treatment of life-threatening injuries will take priority.
3. The SANE/FNE will be contacted as soon as the ED is aware of patient arrival.
4. In the event of serious/life threatening injuries, the medical forensic exam will be delayed until it can be performed without interfering with critical/trauma care.
5. After appropriate triage and emergency treatment, the SANE/FNE will:
 - a. Obtain consent for the exam, including photography consent
 - i. If the patient is a minor, obtain consent from a custodial parent, or by those with emergency custody of the child whenever possible
 - ii. Patient assent required for minors

- b. Discuss any mandatory reporting requirements and patient's desire to report to law enforcement
- c. Obtain a detailed history of the reported strangulation
- d. Obtain a detailed medical/surgical history
- e. Obtain a detailed history of intimate partner violence (IPV) if applicable
- f. If community-based advocacy is appropriate based on patient history, as is available, introduce advocate to patient in order to connect the patient to on-going support
- g. Conduct a complete physical exam with a detailed strangulation assessment
- h. Obtain photographs per policy
- i. Document complete examination using the written word and body maps/diagrams
- j. Collect forensic/evidentiary specimens if the patient elects to do so (evidence may be collected up to 96 hours post strangulation)
- k. Provide referrals for other services if applicable, including advocacy, counseling, and follow-up care
- l. Call appropriate law enforcement agency as outlined by reporting requirements or patient preference
- m. Package, store, and transfer evidentiary specimens to law enforcement maintaining appropriate chain of custody.
 - i. In the event law enforcement is unable to retrieve the evidence immediately after the exam, evidence may be locked in designated storage lockers following chain of custody and retrieved by law enforcement at a later time.
- n. Medical records, including photographs obtained during the exam will be stored and released according to facility policy.

6. If the patient reports or the SANE/FNE observes any of the following during the history-taking and exam, SANE/FNE will notify the ED provider
 - a. Patient reports history of loss of consciousness
 - b. A decreased level of consciousness, disorientation, or another neurological deficit
 - c. Evidence of trauma or bodily injury that requires intervention
 - d. SANE/FNE has concerns regarding the medical needs of the patient

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