



TRAINING INSTITUTE on STRANGULATION PREVENTION

Strangulation Prevention E-Newsletter - Sept. 2017

A MESSAGE FROM OUR CEO & PRESIDENT

Welcome to the first edition of Strangulation Prevention E-News. The Training Institute on Strangulation Prevention has launched this newsletter to provide you with the most current and succinct information about non-fatal and near-fatal strangulation assaults. We could not wait until the end of the year to share all the exciting news, tools, research and/or case law that is evolving in our work. Our goal with E-News is to share important information regularly.



Each E-News will focus on one subject, one organization or individual who inspires us and share one Featured Resource. This month we are focusing on *Legislation*, our *National Advisory Board* and our Featured Resource is our new *Radiographic Imaging Guidelines*.

Each E-News will be archived in our Resource Library for easy reference and future use. We will also continue to share the best of the best during our annual "What We Learned" Webinar scheduled for [January 9, 2018](#).

Thank you for your commitment to this lifesaving work.

-Gael Strack & Casey Gwinn

LEGISLATIVE SNAPSHOT



NATIONAL ADVISORY BOARD

We are very grateful to our [National Advisory Board](#). Our Board includes experts, physicians, nurses, law enforcement officers, prosecutors, advocates, researchers and trainers from the United States who are listed on our website. Last August, we had an opportunity to meet, think and dream together. Together, we developed a 5-year plan for our Institute which was submitted to the Department of Justice, Office on Violence Against Women, [read the report here](#). We currently have several committees working on many key issues. Our Medical Committee is led by Dr. Bill Smock. Our Legal Committee is led by Riverside County prosecutor Jerry Fineman. Our Law Enforcement Committee is led by Det. Mike Agnew. Our Research Committee is led by Dr. Jackie Campbell. This year our Medical Committee expanded to include additional physicians and forensic nurses. Together, they are working on pediatrics, pregnancy, case study collection, maintaining the strangulation bibliography, and much more. Is there is question you would like answered? We are happy to help. [Contact us here](#).



FEATURED RESOURCE

Recommendations for the Medical/Radiographic Evaluation of Acute Adult, Non-Fatal Strangulation

One of the most exciting accomplishments that occurred during our last National Advisory Board Meeting was unanimous endorsement of our new imaging guidelines by Bill Smock, MD, Chair; Cathy Baldwin, MD; William Green, MD; Dean Hawley, MD; Ralph Riviello, MD; Heather Rozzi, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD; and Michael Weaver, MD. You can watch our webinar on the [new Imaging Recommendations here](#) and monitor the growing list of [hospitals that are adopting the recommendations](#) and providing the best care for victims who are strangled.

[Click Here to download Medical Radiographic Imaging Recommendations](#)

RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

Prepared by Bill Smock, MD and Sally Shargan, DNP, SANE-A
 Chief of Police, Riverside County Sheriff's Office Department
 Endorsed by the National Medical Advisory Committee: Bill Smock, MD, Chair; Cathy Baldwin, MD; William Green, MD; Dean Hawley, MD; Ralph Riviello, MD; Heather Rozzi, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD

GOALS:

1. Evaluate carotid and vertebral arteries for injuries
2. Evaluate bony/cartilaginous and soft tissue neck structures
3. Evaluate brain for anoxic injury

Strangulation patient presents to the Emergency Department

History of and/or physical exam with ANY of the following:	History of and/or physical exam with:
<ul style="list-style-type: none"> Loss of Consciousness (anoxic brain injury) Visual changes: "spots", "flashing light", "tunnel vision" Facial, intraoral or conjunctival petechial hemorrhage Ligature mark or neck contusions Soft tissue neck injury/swelling of the neck/larynx Incontinence (bladder and/or bowel from anoxic injury) Neurological signs or symptoms (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symptoms). Dysphonia/Aphonia (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury). Dyspnea (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury) Subcutaneous emphysema (tracheal/laryngeal rupture) 	<ul style="list-style-type: none"> No LOC (anoxic brain injury) No visual changes: "spots", "flashing light", "tunnel vision" No petechial hemorrhage No soft tissue trauma to the neck No dyspnea, dysphonia or odynophagia No neurological signs or symptoms (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symptoms) And reliable home monitoring
<p>Recommended Radiographic Studies to Rule Out Life-Threatening Injuries. (including delayed presentations of up to 6 months)</p> <ul style="list-style-type: none"> CT Angio of carotid/vertebral arteries (gold standard for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) or CT neck with contrast (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) or MRA of neck (less sensitive than CT Angio for vessels, best for soft tissue trauma) or MRI of neck (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) or MRI/MRA of brain (most sensitive for anoxic brain injury, stroke symptoms and intercranial petechial hemorrhage) Carotid Doppler Ultrasound (NOT RECOMMENDED: least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid) 	<p>Discharge home with detailed instructions to return to ED if: neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens</p>
<p>(+)</p> <p>Continued ED/Hospital Observation (based on severity of symptoms and reliable home monitoring)</p>	<p>(*)</p> <p>Consult Neurology Neurosurgery/Trauma Surgery for admission Consider ENT consult for laryngeal trauma with dysphonia</p>

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UPCOMING EVENTS

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|--------------|---------------------|
| September 15 | Los Altos Hills, CA |
| September 22 | Ft. Stewart, GA |
| September 29 | New Orleans, LA |
| October 2 | Chambersburg, PA |
| October 4 | Ft. Drum, NY |
| October 4-5 | Okinawa, Japan |
| October 6 | Wyoming Co, NY |
| October 13 | Monterey, CA |

October 24-27
 Advanced Course - We are delighted to report the October Advanced Course is SOLD OUT. We will open up registration for the February 2018 Advanced Course soon! Watch our website for details.

October 31
 Loudoun Co, VA

[Click here for a full list of upcoming events](#)

STAY CONNECTED



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