

Abstract

Background: Strangulation patients present a vast variety of symptoms and physical presentations, including no visible injuries, neck pain, and the absence of petechial hemorrhage. However, it is important to note that in 50% of reported cases of strangulation, there can be significant injury without leaving noticeable bruises on the neck (Funk & Schuppel, 2003; Utely, 2014).

Purpose: The purpose of this project is to examine the occurrence of injury identification in NSF patients by comparing subjective symptoms disclosed by the NFS patient and the physical injury identified to the neck region, the occurrence of injury presentation without subsequent radiological studies completed, and the percentage of NSF patients that present with no injury presentation to the neck region, but had abnormal radiological findings.

Design: A nonexperimental, retrospective quantitative descriptive study.

Methods: The initial statistical test completed was a frequency statistical test in identifying those individuals that disclosed a strangulation ($N = 295$); however, 113 did not present with any physical findings.

Results: The initial statistical test completed was a frequency statistical test in identifying those individuals that disclosed a strangulation ($N = 295$); however, 113 did not present with any physical findings. The physical findings initially identified included the presence of ligature marks 6% ($n = 11$), bruising to the neck region 54% ($n = 99$), presence of petechiae 25% ($n = 45$), circumferential marks 27% ($n = 27$), neck swelling 13% ($n = 24$), or scratch marks to the neck 54% ($n = 98$). Frequency statistical analysis provided additional information for the demographics of the total number of non-fatal strangulation (NFS) patients with regards to sex and race. Of the 295 patients, there were 113 patients that presented without the outward

physical presentation that a strangulation event had taken place. Without visible injury and with disclosure alone, the question to provide radiological testing may exist. There were two patients identified in the scholarly project who experienced a fracture, one had thyroid cartilage fracture and one had a cervical fracture, neither without physical findings to the neck region. The African-American female patient who sustained a thyroid cartilage fracture disclosed only neck pain, being light-headed, and the presence of a cough. In contrast, the African-American female who sustained a cervical fracture only disclosed a sore throat.

Conclusion: This information provides evidence of the need for individualized, consistent, evidence-based medical care specifically tailored to the needs of each strangulation patient and not determinate on the visible injury.

Implications for Practice: Development of an assessment algorithm to aid in a pathway for determining radiological studies to be completed, whether admission is appropriate, and referral to an ear, nose and throat specialist as well as to provide valuable information to the legal community to ensure that individuals who have survived a strangulation will be encouraged to seek medical intervention to ensure physical safety.