

Strangulation Kit

Patient Label

Note: This kit is intended to be used to collect strangulation evidence when no sexual assault has occurred. If strangulation occurred during a sexual assault, samples should be collected using a sexual assault forensic evidence (SAFE) kit.

Exam Date/Time: _____

Facility/Location: _____

Examiner: _____

Patient's Preferred Name: _____

Patient's Pronouns: _____

Date of Assault: _____ Time: _____ Hours Post Assault: _____

OSP Kit Collected: No Yes, kit #: _____

Case #: _____ Agency: _____

Advocate called: No Yes

Others present during history: _____

Advocate present: No Yes

Others present during exam: _____

Interpreter used: No Yes

Interpreter name: _____ Interpreter #: _____ Language: _____

Mandatory Reporting:

Non-accidental injury ORS 146.750: No Yes (*Injury must be reported. Report of assault not mandated.*)

Injury from a deadly weapon: No Yes (*Injury must be reported. Report of assault not mandated.*)

Younger than 18 years of age: No Yes

65 years of age or older: No Yes

Adult aged 18 to 64 meeting mandatory reporting requirements ORS 430.735-430.765: No Yes

Minors present at time of assault: No Yes, name(s)/age(s): _____

Relationship to patient and/or assailant: _____

Were the individual(s) physically injured during the assault? No Yes Unknown

Describe: _____

If any mandatory reporting box checked yes:

Agency reported to: _____

Report made by: _____

Date/time of report: _____

II. SINCE THE TIME OF THE ASSAULT

Patient Label

Has the patient done any of the following since the assault?

Changed clothes: No Yes, location of clothing: _____
Description of clothing: _____

Bathed/showered: No Yes, # of baths/showers since assault: _____
When was the last bath/shower: _____

III. PERTINENT/RECENT HEALTH HISTORY

Does patient have health history that may affect physical findings or evidence collection?

No Yes: (describe- e.g. vascular surgeries, clotting disorders etc.) _____

Is the patient currently pregnant? No N/A Yes, # of weeks: _____

Has patient ever been strangled before? No Yes, by whom?: _____
When?: _____

IV. INFORMATION PERTAINING TO ASSAULT

Address of assault: _____ Unknown

Location type (house/apartment, car, outdoors, etc): _____ Unknown

Did patient consume drugs/alcohol prior to assault: No Yes, type/when: _____

Did patient consume drugs/alcohol after the assault: No Yes, type/when: _____

V. ASSAILANT INFORMATION

Name: _____ Unknown

Description: _____

Relationship to patient: _____ Age: _____

VI. ACTS DESCRIBED BY THE PATIENT

During the assault did assailant(s):

Kiss, lick, spit, or make other oral contact: No Unknown Yes: _____

Touch the patient in any other way: No Unknown Yes: _____

Did the patient do anything during the assault that could have caused injury to the assailant(s)? e.g. scratches, punches, torn clothing, etc: No Unknown Yes: _____

Weapons/force used?

Check all that apply per patient report/physical findings; describe the incident/body part involved.

<input type="checkbox"/> Strangulation/suffocation: See detailed strangulation report on next page	
<input type="checkbox"/> Verbal threats	
<input type="checkbox"/> Bites	
<input type="checkbox"/> Hitting	
<input type="checkbox"/> Gun	
<input type="checkbox"/> Knife	
<input type="checkbox"/> Blunt object	
<input type="checkbox"/> Other weapon	
<input type="checkbox"/> Restraints	
<input type="checkbox"/> Chemical(s)	
<input type="checkbox"/> Lifted off the ground	
<input type="checkbox"/> Other physical force	

Any injury to patient must documented on bodygram and injury log.

VII. STRANGULATION/SUFFOCATION ASSESSMENT

Strangulation can cause permanent damage or death if not assessed properly and immediately.

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Screen for the following and when reported symptoms began (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Loss of consciousness: _____ | <input type="checkbox"/> Pain/tenderness: _____ |
| <input type="checkbox"/> Involuntary urination/defecation: _____ | <input type="checkbox"/> Swelling/edema of neck/throat: _____ |
| <input type="checkbox"/> Difficulty/pain swallowing: _____ | <input type="checkbox"/> Combativeness/irritability/restlessness: _____ |
| <input type="checkbox"/> Memory loss: _____ | <input type="checkbox"/> Uncontrolled shaking: _____ |
| <input type="checkbox"/> Voice loss/changes: _____ | <input type="checkbox"/> Hyperventilation: _____ |
| <input type="checkbox"/> Coughing: _____ | <input type="checkbox"/> Dyspnea/apnea: _____ |
| <input type="checkbox"/> Drooling: _____ | <input type="checkbox"/> Petechiae (scalp, eyelids, ears, oral cavity): _____ |
| <input type="checkbox"/> Persistent throat pain: _____ | <input type="checkbox"/> Bruising: _____ |
| <input type="checkbox"/> Neck pain: _____ | <input type="checkbox"/> Crepitus: _____ |
| <input type="checkbox"/> Breathing difficulties: _____ | <input type="checkbox"/> Abnormal carotid pulse: _____ |
| <input type="checkbox"/> Nausea/vomiting: _____ | <input type="checkbox"/> Lightheaded: _____ |
| <input type="checkbox"/> Headache: _____ | <input type="checkbox"/> Red eyes: <input type="checkbox"/> Right <input type="checkbox"/> Left _____ |
| <input type="checkbox"/> Vision Changes: _____ | <input type="checkbox"/> Numbness/weakness: _____ |

Patient's description:

Estimated length of time strangulation occurred: _____

Number of times patient was strangled during assault: _____

Number of different methods used for strangulation during incident: _____

Method(s) of strangulation: _____

Description of strangulation event(s): _____

What did the assailant say to the patient during strangulation? _____

What did the patient think was going to happen? _____

Why or how did the strangulation stop? _____

From 1 to 10, how hard was the assailant's grip (circle number)? 1 2 3 4 5 6 7 8 9 10

How was the patient strangled? (check all that apply)

- | | | | |
|---|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> One hand | <input type="checkbox"/> Right hand | <input type="checkbox"/> Left hand | <input type="checkbox"/> Two hands |
| <input type="checkbox"/> Right forearm | <input type="checkbox"/> Left forearm | <input type="checkbox"/> Knee | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Ligature (describe): _____ | | | <input type="checkbox"/> Uncertain |

Was the patient shaken during strangulation? No Yes, describe: _____

Did the patient's head strike any surface? No Yes, describe: _____

At any point during the assault, did the patient have trouble breathing? No Unknown Yes: _____

Did assailant cover patient's nose or mouth? No Unknown Yes: _____

Did assailant apply pressure to the patient's face? No Unknown Yes: _____

Did assailant apply pressure to the patient's chest? No Unknown Yes: _____

VIII. DRUG-FACILITATED ASSAULT ASSESSMENT

Patient Label

Consider collecting blood and urine for alcohol and drug testing as soon as possible if any boxes checked "Yes."

Patient appears impaired, intoxicated, or has altered mental status: No Yes

Patient reports blackout, memory lapse, or partial or total amnesia for event: No Yes

Patient or other is concerned that he or she may have been drugged: No Yes

Suspected substances: _____

XI. HEAD-TO-TOE EXAM

Affect assessment:

Describe objective behaviors you observe during exam (i.e. crying, laughing, wringing hands, pacing). Avoid subjective interpretations of patient's mood and behavior (i.e. angry, sad, flat, anxious).

Physical assessment:

	WNL	Describe (use diagrams for injuries) – if not assessed, note not assessed.
Head	<input type="checkbox"/>	_____
Mouth	<input type="checkbox"/>	_____
Neck/Shoulders	<input type="checkbox"/>	_____
Chest/Breasts	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	_____
Left arm	<input type="checkbox"/>	_____
Right arm	<input type="checkbox"/>	_____
Back	<input type="checkbox"/>	_____
Left leg	<input type="checkbox"/>	_____
Right leg	<input type="checkbox"/>	_____

XI. BODYGRAM - HEAD AND NECK

Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

Patient Label

No physical findings noted at this time

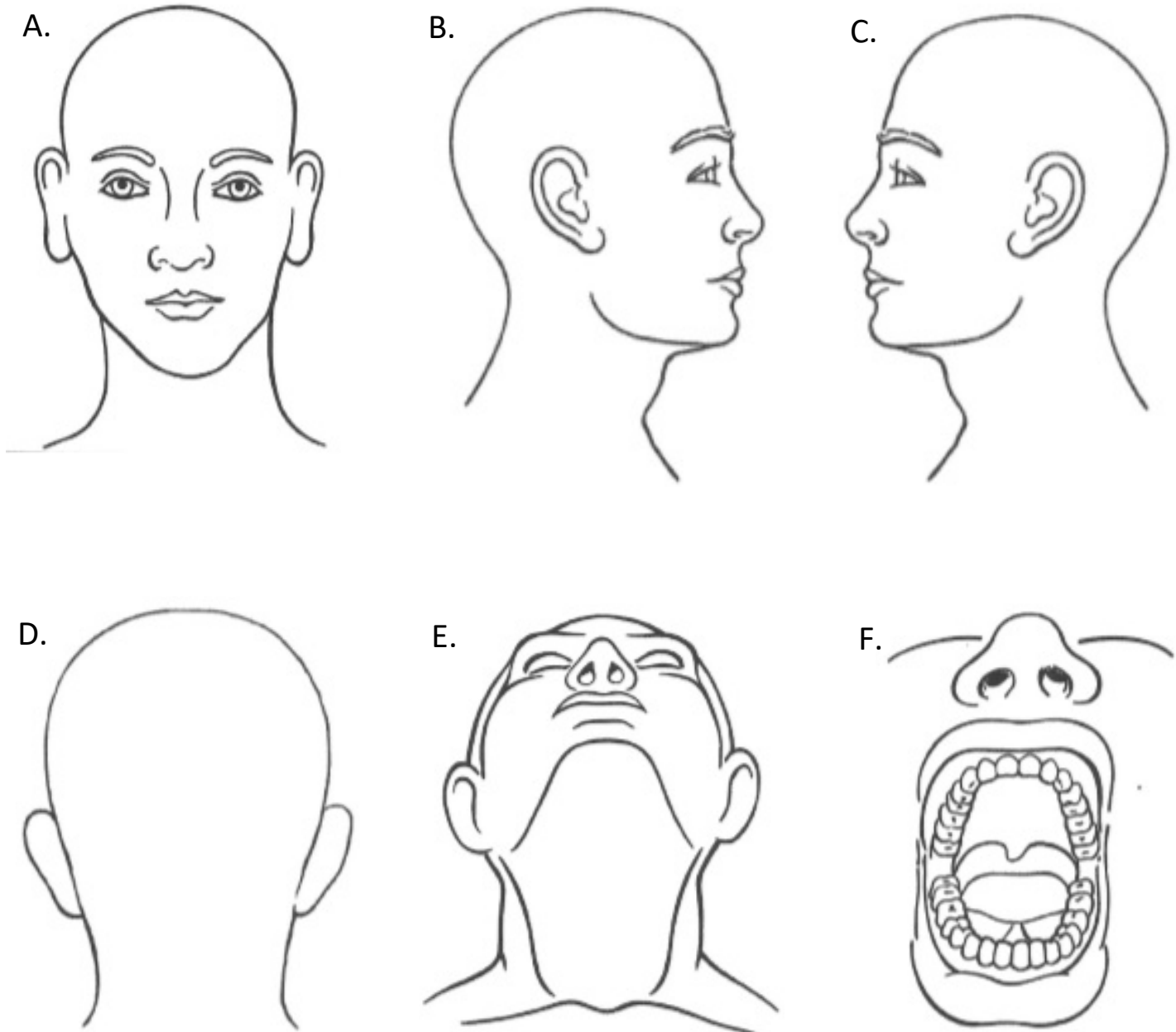


Diagram Key: A = Abrasion AL = Alternate light source fluorescence B = Bruising BI = Bite BU = Burn C = Cut
CN = Contusion E = Ecchymosis FB = Foreign body/debris LA = Laceration PE = Petechiae R = Redness
S = Swelling SHX = Sample per history SI = Suction injury T = Tear TE = Tenderness OI = Other injury
PTA=Per patient- injury present prior to assault
Shade tender areas.

Patient Label

XI. BODYGRAM - FULL BODY

Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

No physical findings noted at this time

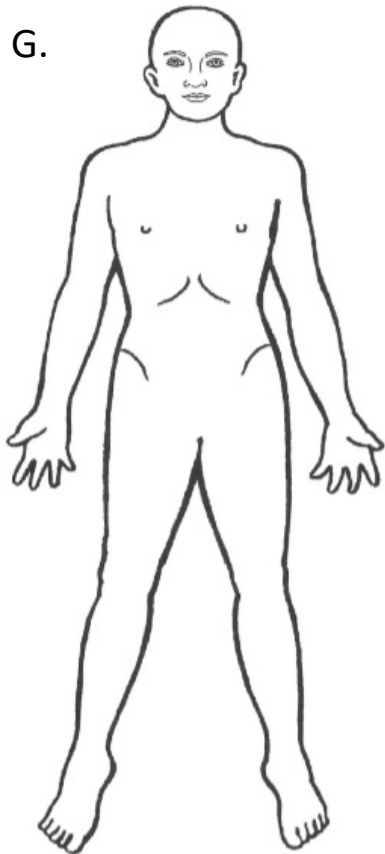
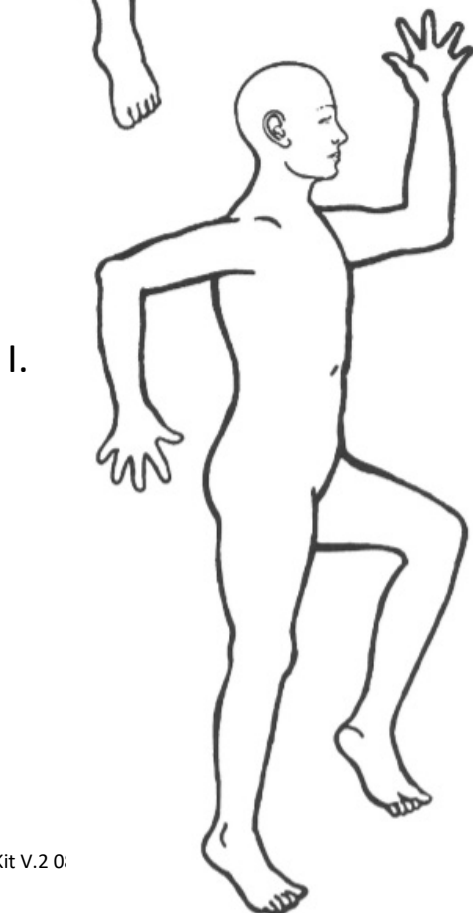
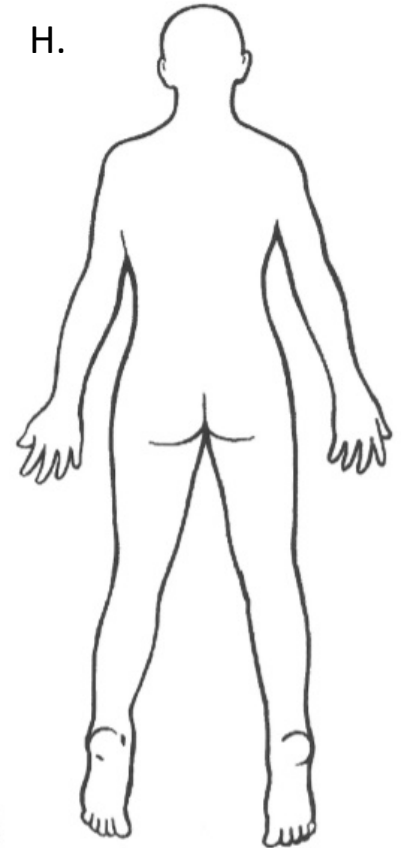


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AL = Alternate light source fluorescence
B = Bruising BI = Bite BU = Burn
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E = Ecchymosis FB = Foreign
body/debris LA = Laceration
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XI. BODYGRAM - HANDS AND FEET

Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

No physical findings noted at this time

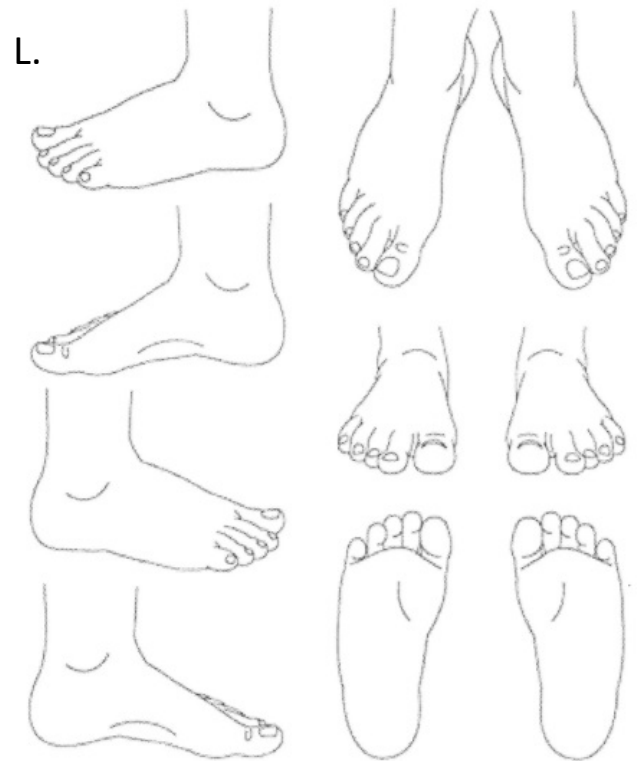
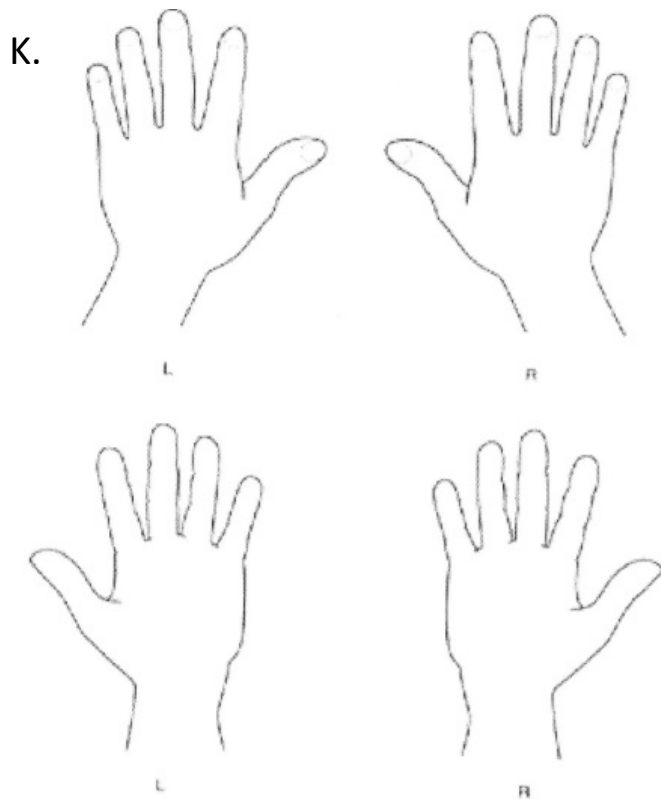


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XI. INJURY LOG

Patient Label

Use injury log in conjunction with bodygrams to document type, size, shape, and color of injuries.

Injury Number	Diagram Letter	Key Code	Photo Y/N	Pain 0-10	Description

_____ (Examiner name and title)

_____ (signature)

_____ (date)

XII. EVIDENCE COLLECTION



A. Clothing (each item packaged in separate paper bag)

Obtained: descriptions below

Obtained by law enforcement: (agency) _____

Not Obtained, reason: _____

B. Oral Swabs (4 swabs; always collect as these swabs may be used as a DNA standard)

Obtained

Not Obtained, reason: _____

C. Alternate Light Source, Blue Maxx if available (2 swabs per site, 1 damp followed by 1 dry)

Exam Performed with Positive Fluorescence, swabs obtained from: _____

Exam Performed with Negative Fluorescence, no swabs obtained

Not Performed, reason: _____

Not Applicable

D. Aggressive Handling: Strangulation, Physical Force, etc. (2 swabs per site, 1 damp followed by 1 dry)

Obtained

Where: _____

Where: _____

Where: _____

Where: _____

Not Obtained, reason: _____

Not Applicable

E. Possible Saliva: Biting, Kissing, Licking, etc. (2 swabs per site, 1 damp followed by 1 dry)

Obtained

Where: _____

Where: _____

Not Obtained, reason: _____

Not Applicable

F. Additional Evidence: Fingernail swabs (2 swabs per site, 1 damp followed by 1 dry)

Obtained

Where/why: _____

Where/why: _____

Where/why: _____

Not Obtained, reason: _____

Not Applicable

G. Photographs

Obtained by/with: (photographer/equipment) _____

Not Obtained, reason: _____

Notes about photographs: _____

XIII. FOLLOW-UP AND REFERRALS

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Follow-up checklist:

- Advanced practitioner/LIP notified
- Patient directed to nearest emergency department for additional evaluation Yes No Declined N/A
- Facility patient directed to, or currently being seen at: _____
- Patient transported via: Ambulance Private vehicle Law enforcement Other: _____
- Patient provided discharge info with signs and symptoms upon which to seek emergency treatment

- Referral packet given: No Yes
- Advocacy/crisis intervention agency: No Yes, agency: _____
- Counseling/social worker: No Yes
- Safety plan by: _____
- Practitioner follow-up with: _____

XVI. POLICE DEPARTMENT RECEIPT OF EVIDENCE

This certifies that on _____ (date) at _____ (time), evidence was:

- hand delivered to law enforcement
- locked in evidence locker per facility protocol

_____	_____	_____
(printed name and title of receiving agency)	(signature of receiving agency)	Date
_____	_____	_____
(printed name and title examiner)	(signature of examiner)	Date

Please include a copy of pages 1 – 11 in strangulation kit envelope.