WVU Medicine Children's

Clinical Pathway for Pediatric Strangulation Age 0-16

Clinical Triggers

- Child or caregiver discloses child was strangled, choked, put in a headlock, or other possible constriction of the neck
- Ligature marks and/or neck contusions
- Involvement in possible altercation and now reporting any of the following:
  - Aphonia/dysphonia
  - Loss of consciousness
  - Dyspnea
  - Visual changes
  - Pain with swallowing
  - Incontinence during event
  - Neurological changes
  - Respiratory changes

Assessment:

- Complete physical assessment - including skin exam

Consults:

- Forensic Nurse Examiner (FNE)
- ENT
- Peds Surgery - if multi-system injury

Imaging:

- Full skeletal survey on child <2 years
- Soft tissue neck x-ray
- Cervical spine x-ray

Reporting:

- CPS
- Law Enforcement

FNE can assist in determining correct agency if needed

Disposition

Symptomatic

- Respiratory distress/ dyspnea
- Abnormal neuro exam
- Neck swelling and/or tenderness
- Hoarse voice, dystonia, or aphonia
- Dysphagia

Admit to hospital

Consult Child Safety Team

- If unavailable and child is ready for discharge, refer to Child Safety Clinic (CAV Clinic)

Obtain MRI or CT of head/ neck determined by signs/ symptoms and patient age

Asymptomatic

- Possible strangulation occurred <24 hours prior:

Admit to hospital for minimum of 24 hours for pulse ox and cardiac monitoring

Consult Child Safety Team

- If unavailable and child is ready for discharge, refer to Child Safety Clinic (CAV Clinic)

Late onset airway and/or cerebral edema area significant cause of morbidity and mortality in this age group.

Asymptomatic

- Possible strangulation occurred >24 hours prior:

If deemed safe to discharge from ED, refer to Child Safety Clinic (CAV Clinic)

Consider hospital admission if incident timeline is unclear or symptoms are challenging to assess

Consult Child Safety Team on admission

- If unavailable and child is ready for discharge, refer to Child Safety Clinic (CAV Clinic)