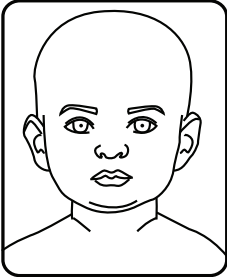



Diagram to Mark Visible Injuries

Use a pen or marker to indicate any visible signs and/or symptoms.

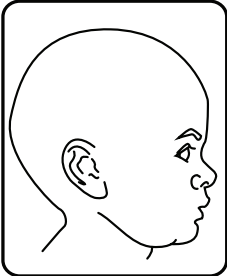
FRONT



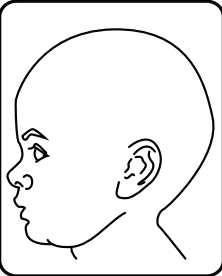
UNDER CHIN



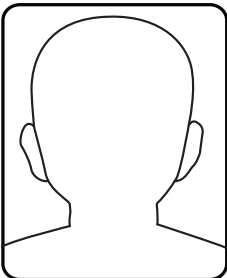
RIGHT SIDE



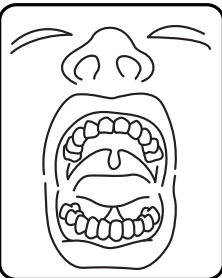
LEFT SIDE



BACK



INSIDE MOUTH



Other Sensations	
Date & Time	Journal Any Other Sensation

Losing Consciousness

Victims may lose awareness or faint by any one or all of the following methods:

- Blocking of the blood vessels from the heart in the neck (taking away oxygen from the brain)
- Blocking of the large veins in the neck (preventing deoxygenated blood from exiting the brain)
- Closing off the tube from the mouth to the lungs (making breathing impossible)

Strangulation —
What Parents and Caregivers
Need to Know

Health. Healing. Hope.

The mission of GBMC is to provide medical care and service of the highest quality to each patient and to educate the next generation of clinicians, leading to *health, healing and hope* for the community.

VISION PHRASE

To every patient, every time, we will provide the care that we would want for our own loved ones.

GREATER VALUES

The values of GBMC are our GREATER Values of *Respect, Excellence, Accountability, Teamwork, Ethical Behavior* and *Results*.

GBMC

6701 NORTH CHARLES STREET
BALTIMORE, MARYLAND 21204

GBMC HealthCare includes Greater Baltimore Medical Center,
GBMC Health Partners, Greater Baltimore Health Alliance,
Gilchrist and the GBMC Foundation.



GBMC SAFE and Domestic
Violence Program
6701 N. Charles Street
Baltimore, MD 21204
443-849-3323

After-hours emergency,
come to be seen at the
emergency room

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Strangulation

Strangulation is often under-recognized in children, but no less serious than in adults. Unconsciousness may happen within seconds and death within minutes.

Children may be strangled when caregivers lose control, as part of physical and/or sexual assault, or as a way of demonstrating ultimate power and control over the child. Regardless, strangulation of a child can have long-lasting physical and mental health effects and can result in death even months later.

Child victims of strangulation may feel terror and extreme pain. If strangulation continues, unconsciousness will follow. Before sliding into unconsciousness, a child victim may resist violently, producing injuries to their own neck or to the face or hands of their attacker. These defensive injuries may not be present in young or developmentally disabled children, or if the victim is physically or chemically restrained.

Signs of Strangulation

Head – pinpoint red spots (petechiae) on scalp, hair pulled, bump(s), skull fracture (crack), concussion

Face – red or flushed, petechiae, scratch marks

Eyes and Eyelids – petechiae to the left or right eyeball, bloodshot eyes

Ear – petechiae (external and/or ear canal), bleeding from ear canal

Nose – bloody nose, broken nose, petechiae

Mouth – bruising, swollen tongue, swollen lips, cuts/abrasions (scrapes)

Under the chin – redness, scratch marks, bruise(s), abrasions

Neck – redness, scratch marks, fingernail marks, bruise(s), abrasions, swelling, ligature(tie) or clothing marks

Chest and Shoulders – redness, scratch marks, bruise(s), abrasions

Symptoms of Strangulation

Voice changes – raspy and/or hoarse voice, coughing, unable to speak, complete loss of voice

Swallowing changes – trouble swallowing, painful swallowing, neck pain, nausea/vomiting, drooling

Breathing changes – difficulty breathing, hyperventilation, unable to breathe

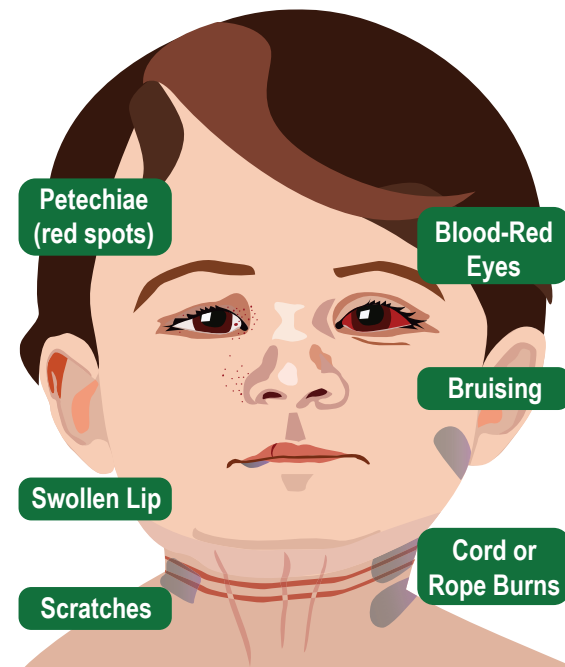
Behavioral changes – restlessness or aggressiveness, problems concentrating, amnesia (loss of memory),

Vision changes – complete loss or black and white vision,

seeing 'stars', blurry, darkness, fuzzy around the eyes

Hearing changes – complete loss of hearing, gurgling, ringing, popping, pressure, tunnel-like hearing

Other changes – memory loss, unconsciousness, dizziness, headaches, involuntary urination or bowel movement in potty-trained child, loss of strength, going limp



Documentation and Observing Changes

Documentation by photographs organized in order, for a period of days after the attack is very helpful in beginning and building a journal of proof. Victims should be given medical attention if they experience difficulty breathing, speaking, swallowing, experiencing nausea, vomiting, light-headedness, headache or holding head, accidental urination and/or bowel movement in children not diapered. A medical evaluation may be extremely important in detecting internal injuries and saving a life.

Monitor the Child's Signs

Date & Time	Photograph & Journal the Child's Signs

Monitor the Child's Symptoms

[illegible]