

PRACTICE GUIDELINE

Effective Date: 2/1/2021

Manual Reference: Deaconess Trauma Services

TITLE: SUSPECTED HANGING

PURPOSE: To provide a guideline in the evaluation and admission of patients presenting with the diagnosis of suspected hanging to the DHS

DEFINITIONS: Hanging is defined as intentional/unintentional asphyxiation by ligature or other manner around the neck

GUIDELINES:

1. Any patient presenting with the diagnosis of suspected hanging will initially be evaluated and cared for by the ED physician and stabilized as required.
2. Work up should include imaging as indicated by physical examination and history per physician discretion.
3. If a traumatic injury is identified, then a "trauma activation" will occur. This will not result in a delay of activation event.
4. If NO traumatic injury other than potential anoxic brain injury is identified, the patient will be admitted to the medicine/pediatric service line for further treatment.

REFERENCES:

Subramanian, Madhu, Hranjec, Tjasa, Liu, Lainya, Hodgman, Erica, Minshall, Christian, Todd MD, PhD, et al. (2016). A case for less workup in near hanging. *Journal of Trauma and Acute Care Surgery*, 81, 925-930. <https://doi.org/10.1097/TA.0000000000001231>

REVIEWED DATE	REVISED DATE
JUNE 2021	