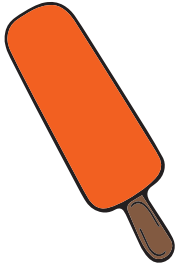


PEDIATRIC STRANGULATION DISCHARGE INSTRUCTIONS

Because your child has reported being “**choked**” or **strangled**, we are providing you with the following instructions:



**Consider a small ice pack to the neck area for relief of pain.
Offer popsicles or offer fluids that are cooling to the throat. Kids like this.
Make sure someone is with your child for the next 24-48 hours.**

Please report to the nearest ER or call 911 immediately if you notice the following symptoms or changes in your child:

- Difficulty breathing or shortness of breath
- Loss of consciousness or “passing out”
- Changes in your child’s voice or difficulty speaking
- Difficulty swallowing, lump in throat, or muscle spasms in throat or neck
- Tongue swelling and/or drooling
- Swelling to throat or neck, new, worsening or persisting throat pain (“My throat still hurts”)
- Prolonged nose bleed (greater than ten minutes)
- Continues to cough or coughing up blood
- Continues to vomit or vomiting up blood
- Left or right-sided weakness, numbness, or tingling (child cannot use arm or leg)
- New or Worsening headache
- Seizures (Abnormal, rhythmic or shaking movements)
- Behavioral changes or memory loss
- Thoughts of harming self or others ie: (“I do not want to live”) (“I am going to hurt him”)

It is important that the above symptoms be evaluated by a physician.

After your child’s evaluation, keep a list of any changes in symptoms for your child’s physician and law enforcement.

If symptoms worsen, report to your child’s physician or nearest ER. You should follow-up with law enforcement regarding documentation of any and all information about your child’s symptoms.

It is important that you have a follow-up medical screening in 1-2 weeks at the clinic or with your child’s physician. Make sure to bring these discharge instructions with you.

IF you misplace these instructions call _____ or your provider for a copy.

I have been made aware of and understand the importance of following the above outlined instructions.

Patient/Parent Signature

1 copy patient file

Provider Signature

1 copy patient

Date