

# PEDIATRIC-ADOLESCENT FOLLOW-UP EVALUATION

Name of Examining Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Date of **Initial** Exam: \_\_\_\_\_ Date of **Today's** Exam: \_\_\_\_\_ Time: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Accompanied By: \_\_\_\_\_

Others Present: \_\_\_\_\_

## PATIENT RELEASE STATEMENT

I, \_\_\_\_\_, hereby request and authorize the staff of;

(agency/agencies) \_\_\_\_\_ to conduct a medical-forensic follow-up evaluation and clinical procedures, including collection and examination of specimens as are necessary for diagnosis and treatment as well as investigation. Furthermore, I hereby authorize and request the medical staff to supply **all items of evidence** (\_\_\_\_ *initials*) and **copies of medical and laboratory reports** (\_\_\_\_ *initials*) to the appropriate investigative agency for use in the investigation and any resulting legal proceedings.

\_\_\_\_\_  
Patient Examined

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Witness

## PHOTOGRAPHIC RELEASE

I, \_\_\_\_\_, hereby request and authorize the staff of;

(agency/agencies) \_\_\_\_\_ to capture and produce photographs of body surface or colposcope images of injury, healing injury or normal anatomy. The release of these photographs is conditioned upon the images being viewed only by those persons officially involved in the investigation or legal proceedings. De-identified photos may be used and viewed for education/teaching purposes.

\_\_\_\_\_  
Patient Photographed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Witness

**HISTORY**

Patient's Name \_\_\_\_\_

1. Review of initial exam documentation  Yes  No  N/A

2. Reason for follow-up examination  Physical Abuse

Strangulation

Other \_\_\_\_\_

**Summary of acute strangulation evaluation:** \_\_\_\_\_

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**Description of injury/abuse event(s) in patient's own words:** \_\_\_\_\_

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Name of examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Patient Label

# PHYSICAL ASSESSMENT

Vital Signs: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_ Pulse Ox \_\_\_\_\_

Neck Circumference \_\_\_\_\_ (Anterior) \_\_\_\_\_ (Lateral)

Mental Status/Behavior/Appearance:

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## Review of Systems

Neurological

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Cardiovascular

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Respiratory

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HEENT

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Gastrointestinal

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Genito-urinary

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OB/Gynecological

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Skin/Muscle/Bone

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Psych/Social

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Since the strangulation, has the patient noted any of the following symptoms:

- Coughing
- Drooling
- Dyspnea
- Dysphagia
- Odynophagia
- Headache
- Lightheadedness
- Neck pain
- Neck swelling
- Nose pain
- Nausea
- Vomiting
- Crepitus
- Uncontrolled shaking
- Combativeness
- Irritability
- Restlessness
- Otherwise altered mental status Describe: \_\_\_\_\_
- Voice changes Describe: \_\_\_\_\_
- Vision changes Describe: \_\_\_\_\_
- Bleeding Describe: \_\_\_\_\_
- Weakness/numbness of extremities Describe: \_\_\_\_\_

Name of examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## PHYSICAL ASSESSMENT (continued)

Pain score: \_\_\_\_\_  Numbered scale used  Wong Baker scale used (insert score) \_\_\_\_\_

On a scale of 0-10, with 0 being no pressure and 10 being the worst pressure you can imagine, how strong was the grip during your strangulation (Circle one):

0 1 2 3 4 5 6 7 8 9 10

Is the patient pregnant?  Yes; How many weeks? \_\_\_\_\_  N/A

Petechiae

Locations:  Conjunctivae  Face  Palate  Ears  Scalp  Tympanic Membrane(s)  
 Neck  Chest

Tongue or oral cavity injury Describe: \_\_\_\_\_

Neurological findings

Ptosis  Facial droop  Paralysis  Unilateral weakness  Loss of sensation

Other: \_\_\_\_\_

Absence of normal crepitus when manipulating cricoid cartilage

Visible injury (describe on body maps below)

Digital photography complete

### Method/Manner of Strangulation:

One hand Estimated length of time: \_\_\_\_\_seconds \_\_\_\_\_minutes

Two hands Estimated length of time: \_\_\_\_\_seconds \_\_\_\_\_minutes

"Chokehold" Estimated length of time: \_\_\_\_\_seconds \_\_\_\_\_minutes

Approached from the front

Approached from behind

Multiple strangulation attempts during incident How many? \_\_\_\_\_

Jewelry on patient's neck during strangulation

Ligature used Describe if possible: \_\_\_\_\_

Smothering attempt Describe: \_\_\_\_\_

Other Describe: \_\_\_\_\_

### During the strangulation did the patient note any of the following:

Loss of consciousness/blacking out/passing out Number of times: \_\_\_\_\_

Incontinence of urine  Incontinence of stool

Bleeding Describe: \_\_\_\_\_

Patient's feet lifted off the ground

Patient's shirt was tightened around their neck

### During the follow up evaluation were symptoms noted by the examiner?

Yes: \_\_\_\_\_

No

Name of examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Glasgow Coma Scale

Best eye response (E)	Spontaneous--open with blinking at baseline	4
	Opens to verbal command, speech, or shout	3
	Opens to pain, not applied to face	2
	None	1
Best verbal response (V)	Oriented	5
	Confused conversation, but able to answer questions	4
	Inappropriate responses, words discernible	3
	Incomprehensible speech	2
	None	1
Best motor response (M)	Obeys commands for movement	6
	Purposeful movement to painful stimulus	5
	Withdraws from pain	4
	Abnormal (spastic) flexion, decorticate posture	3
	Extensor (rigid) response, decerebrate posture	2
	None	1

## Cranial Nerve Assessment

Nerve	Assessment	Notes
CN I Olfactory	Identifies a familiar scent with eyes closed (coffee)	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN II Optic	Read one eye at a time, visual fields tested by having patient cover one eye and identifying number of fingers in each visual field	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN III Oculomotor	Check pupillary response with light, check accommodation by moving your finger towards the patient's nose, check for EOMs	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN IV Trochlear	Have patient look down and in	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN V Trigeminal	Ask patient to open mouth while you attempt to close it, have them attempt to move jaw laterally. Have patient close their eyes, touch their face with cotton and have patient identify where they were touched.	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN VI Abducens	Have patient move their eyes from side to side	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN VII Facial	Ask patient to smile and raise eyebrows, ask them to keep eyes and lips closed while you try to open them	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN VIII Acoustic/Vestibular	Test hearing with rubbing fingers or whispering	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN IX Glossopharyngeal	Observe patient swallow and check gag reflex	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN X Vagus	Assess gag and swallowing with IX, assess patient's voice characteristics	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess

CN XI Spinal Accessory	Have patient shrug shoulders with resistance, have patient move head from side to side.	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN XII Hypoglossal	Have patient stick out tongue and move it internally from right to left, assess articulation.	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess

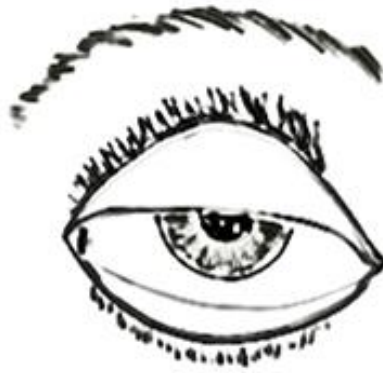
Describe abnormalities here: \_\_\_\_\_  
 Cranial nerve assessment normal

**DIAGRAMS (Document any injuries):**

**RIGHT CONJUNCTIVA**



**RIGHT INNER EYE LID**



**RIGHT OUTER EYE LID**



**LEFT OUTER EYE LID**



**LEFT INNER EYE LID**



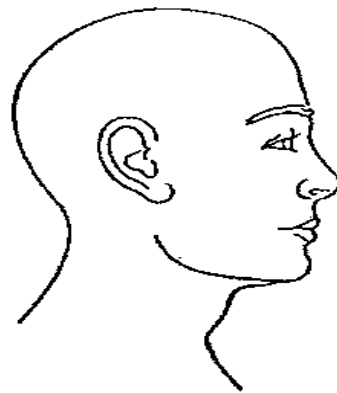
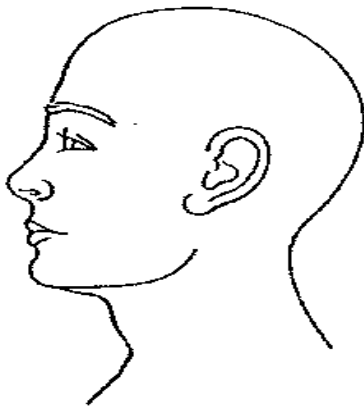
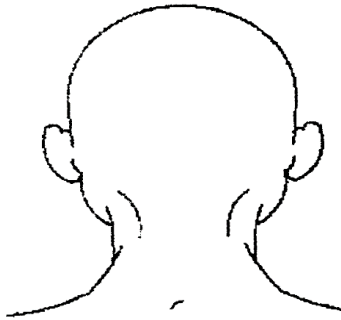
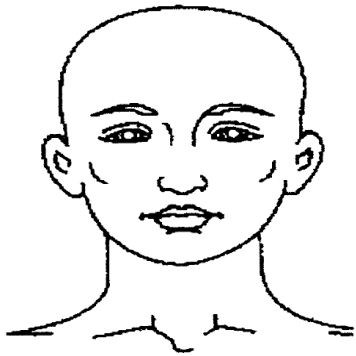
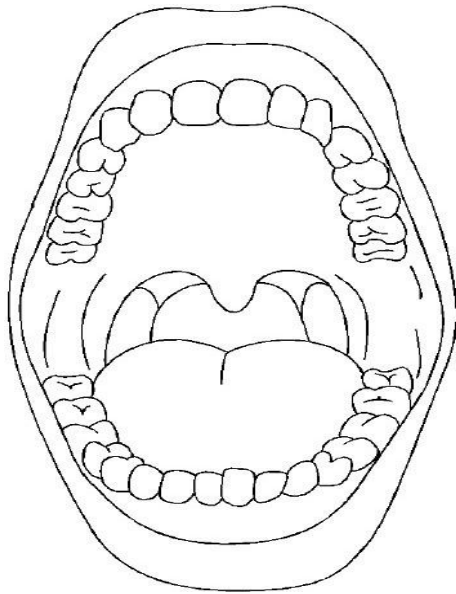
**LEFT CONJUNCTIVA**



Name of examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



Name of examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**SUMMARY ASSESSMENT:**

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**PLAN of CARE & RECOMMENDATIONS:**

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Pediatric Strangulation Discharge Instructions

Name of examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## DETAILED BODY SURFACE FINDINGS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

*If more space is required, please use a progress note and check the box below.*

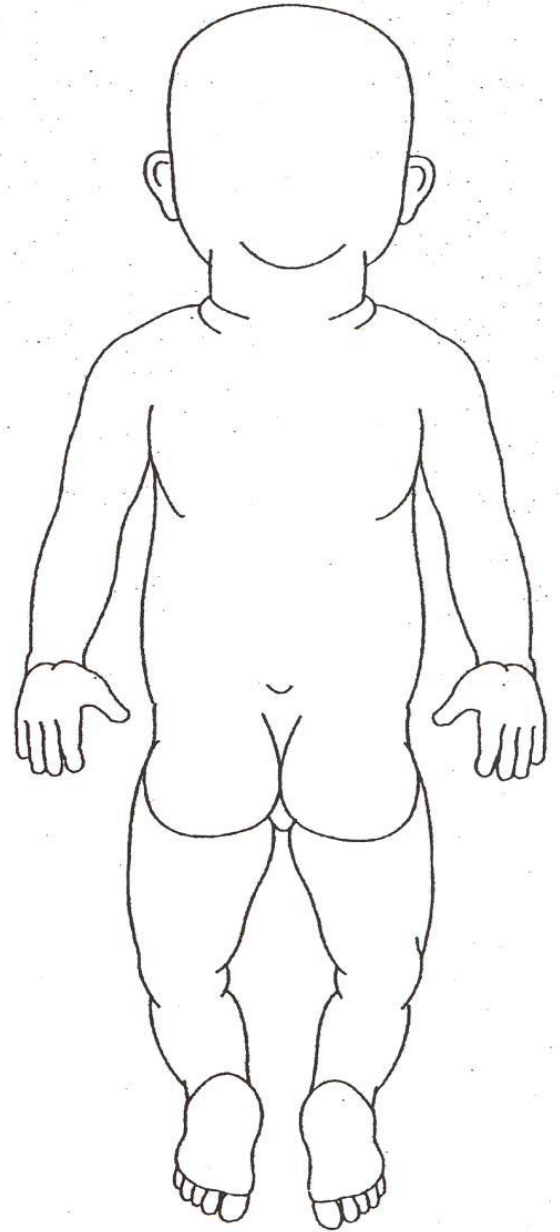
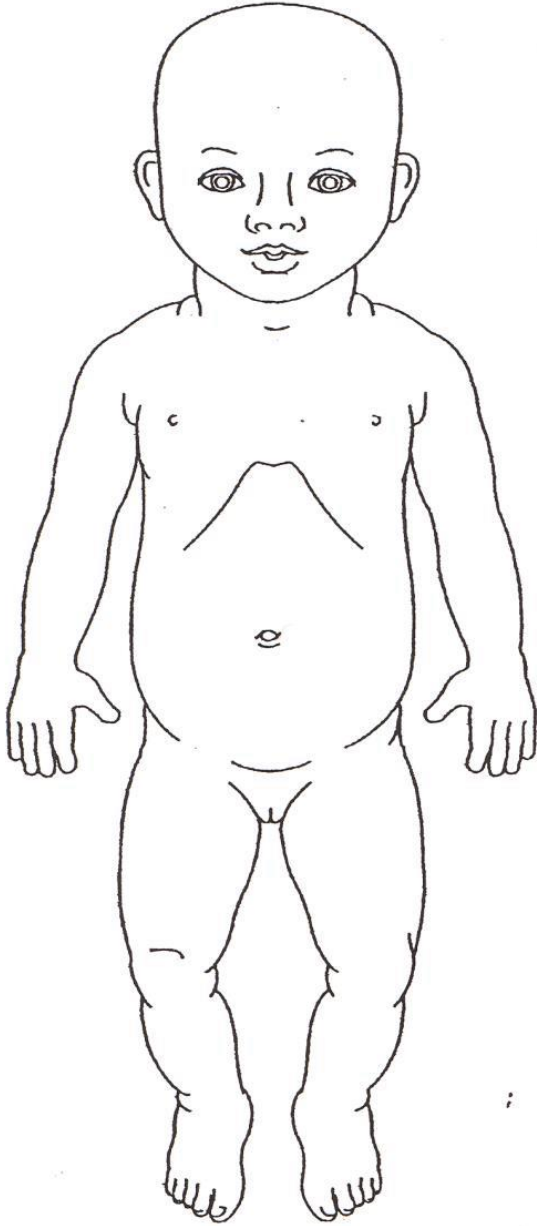
Please see progress note for additional findings.

Please see age appropriate diagrams (appendices) for additional findings

## APPENDIX A

### FEMALE INFANT BODY MAP/DIAGRAM

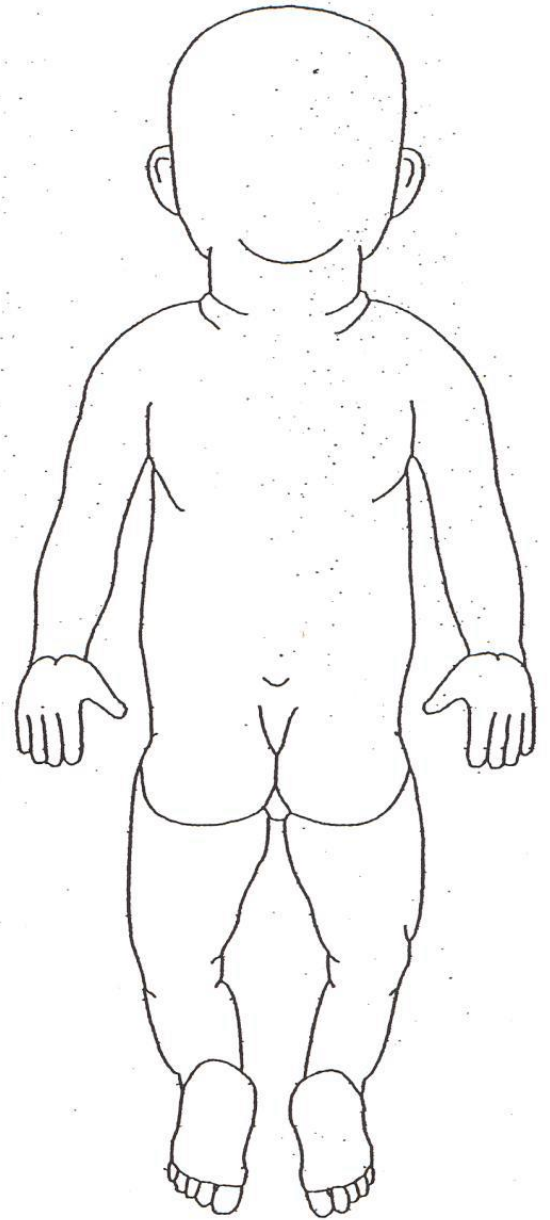
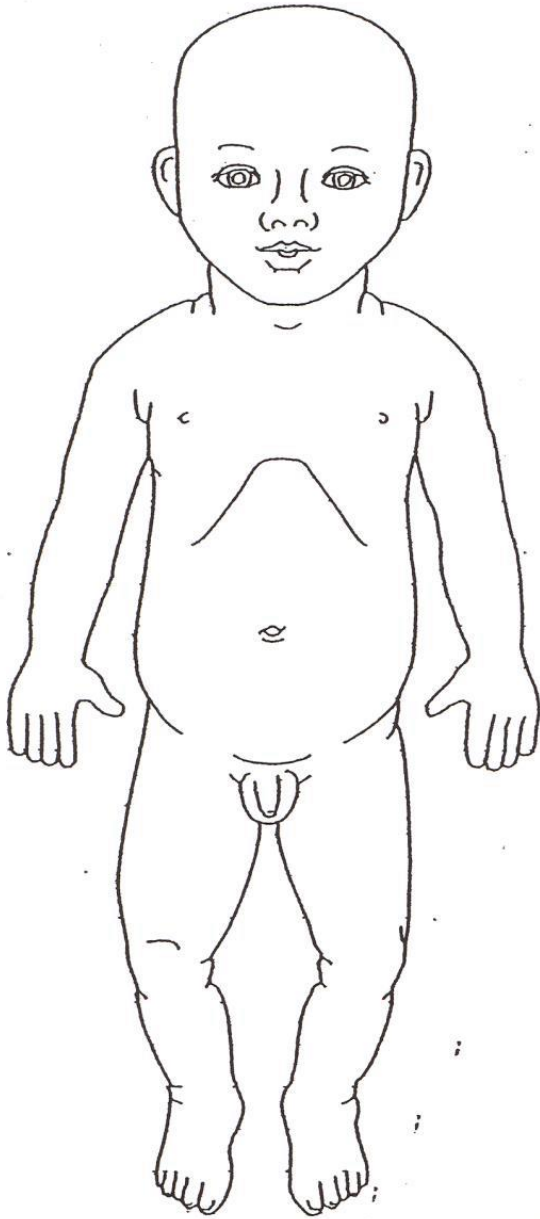
Numerically mark each finding (1, 2, 3...) and provide a detailed description.



## APPENDIX B

### MALE INFANT BODY MAP/DIAGRAM

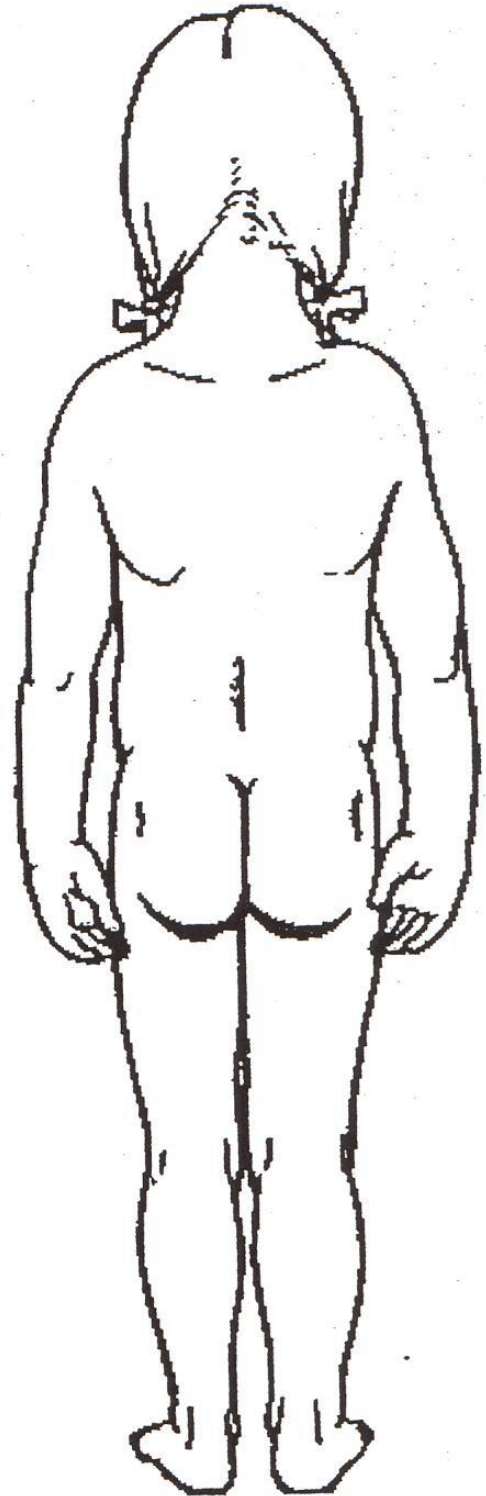
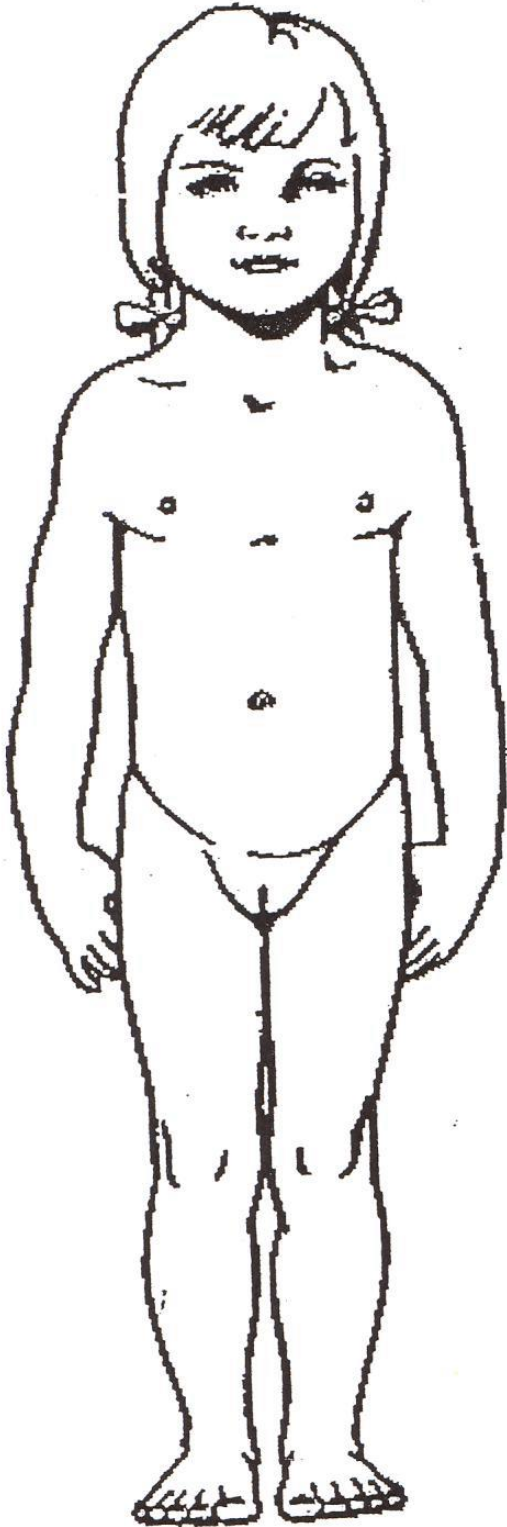
Numerically mark each finding (1, 2, 3...) and provide a detailed description.



## APPENDIX C

### FEMALE CHILD BODY MAP/DIAGRAM

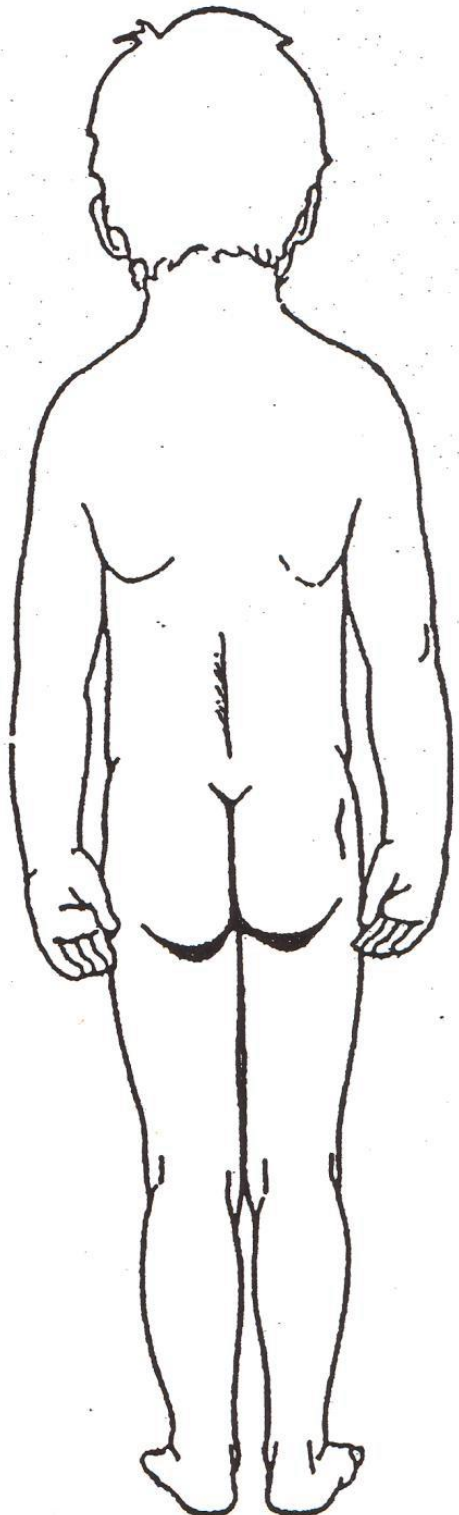
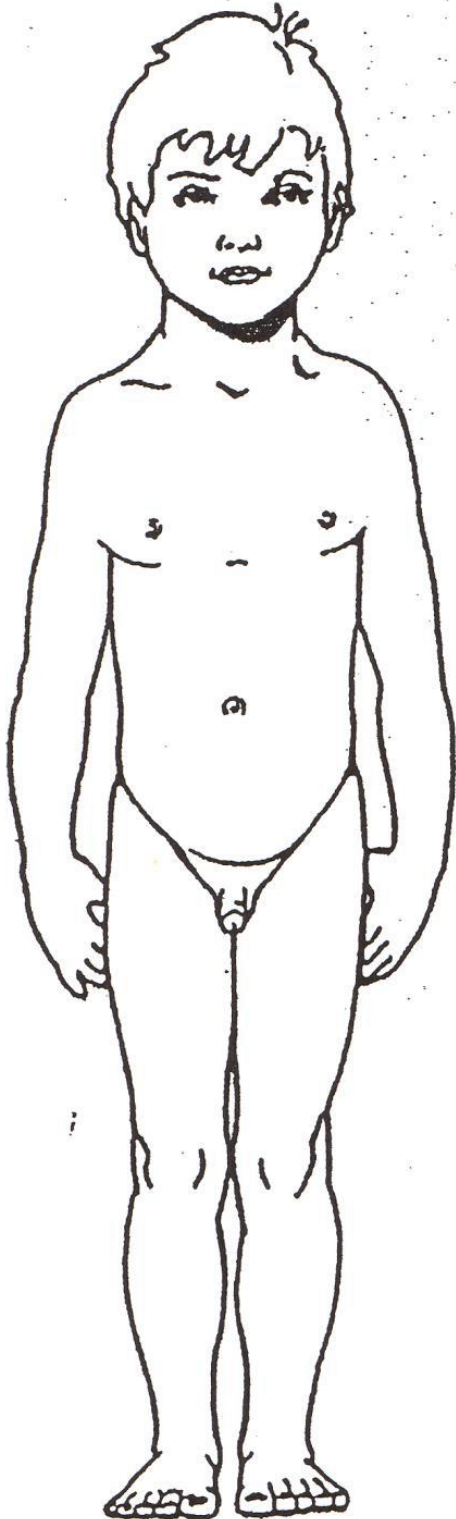
Numerically mark each finding (1, 2, 3...) and provide a detailed description.



## APPENDIX D

### MALE CHILD BODY MAP/DIAGRAM

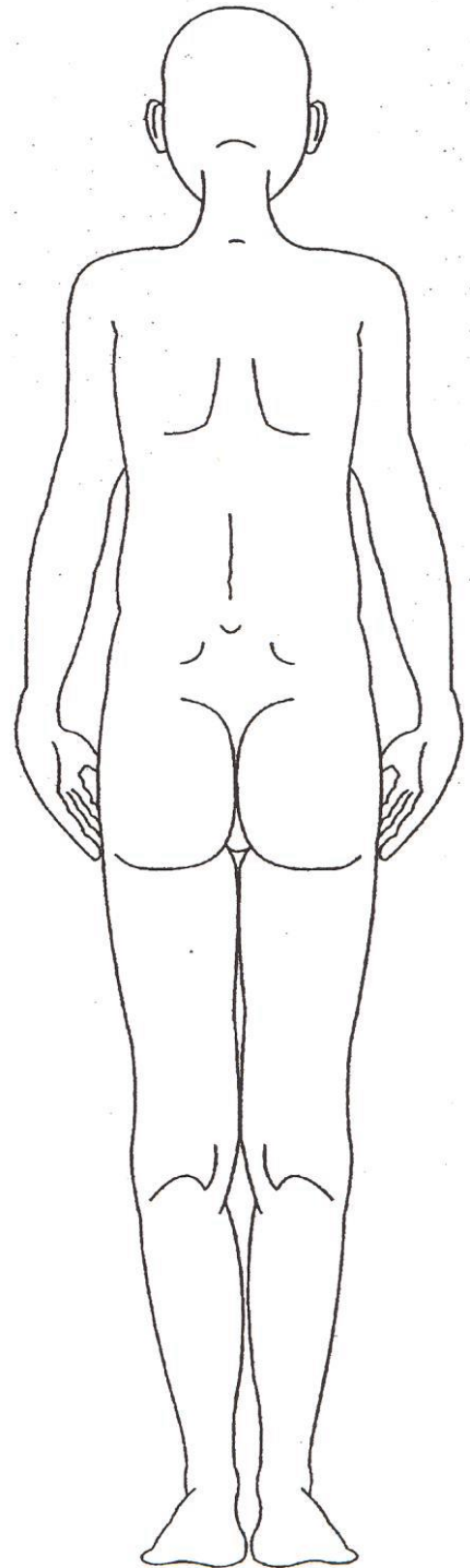
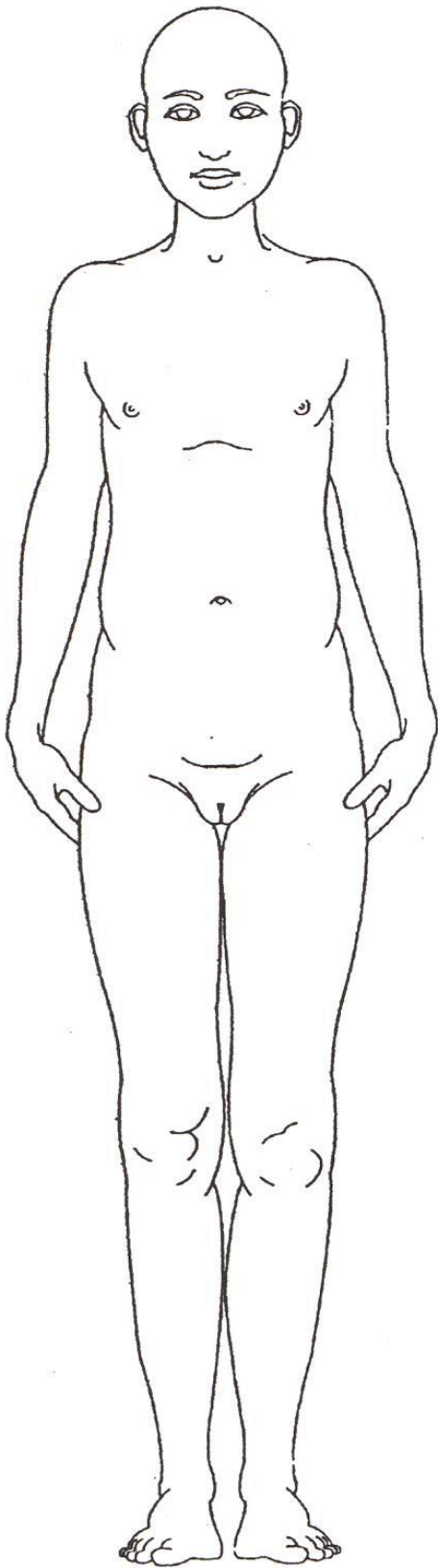
Numerically mark each finding (1, 2, 3...) and provide a detailed description.



## APPENDIX E

### FEMALE ADOLESCENT BODY MAP/DIAGRAM

Numerically mark each finding (1, 2, 3...) and provide a detailed description.



## APPENDIX F

### MALE ADOLESCENT BODY MAP/DIAGRAM

Numerically mark each finding (1, 2, 3...) and provide a detailed description.

