

# Non-Fatal Ligature Strangulation or Hanging

Urgent Care, Emergency Department &  
Psychiatric Crisis Department

Center for  
Clinical Excellence

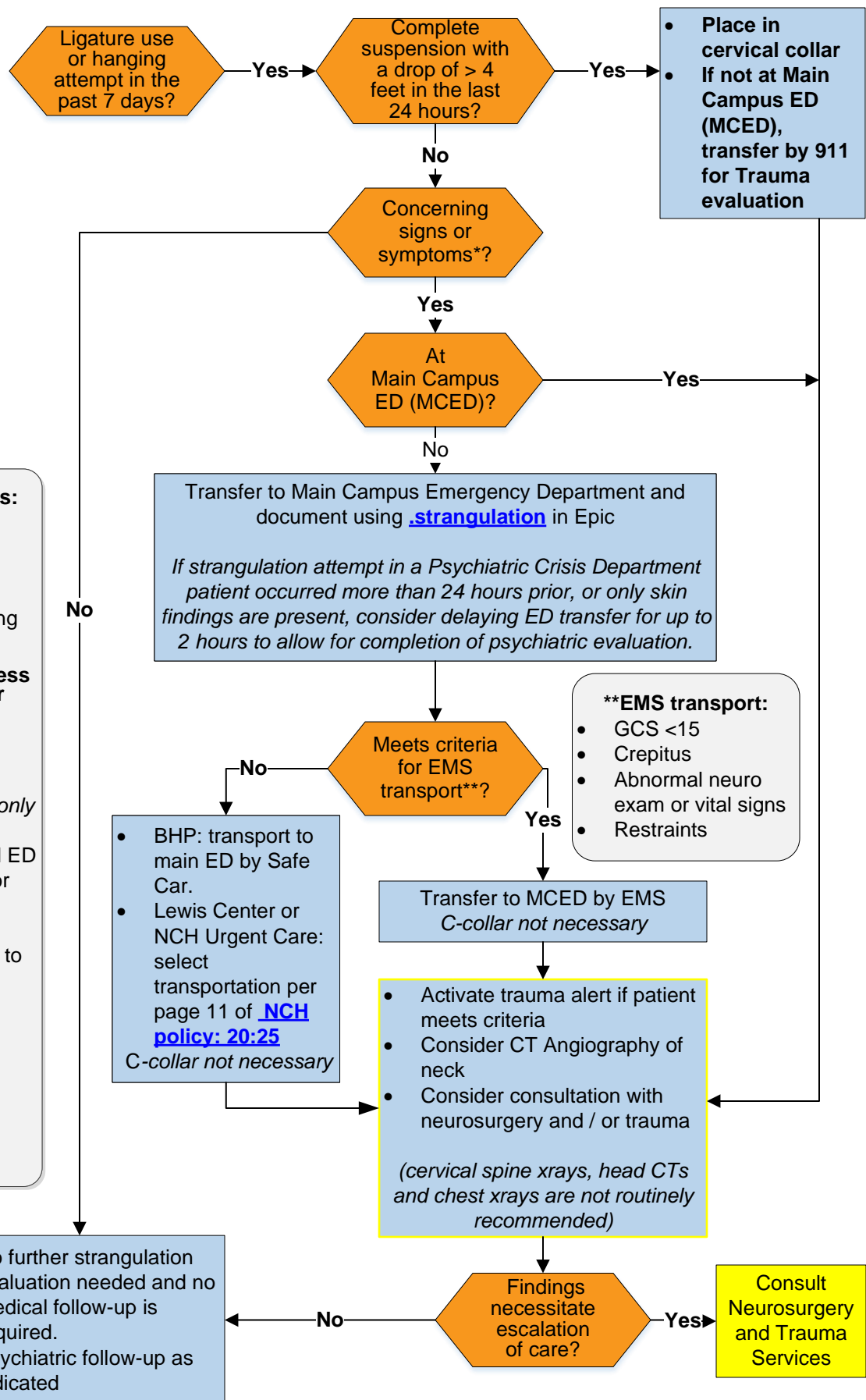
## Inclusion criteria:

Patients presenting with suspected intentional, self inflicted neck injury including:

- [Attempted hanging](#)
- [Ligature use](#)

## Exclusion Criteria:

- **Accidental** neck injury
- Neck injury from **assault**



# Definitions

**Strangulation:** asphyxia by closure of the blood vessels and/or air passages in the neck due to external pressure.

**Ligature strangulation:** a constricting band applied to the neck and tightened by a force other than the body weight

**Hanging:** the suspension (complete or incomplete) of a person's body, with compression due to the body's own weight.

[Algorithm](#)

# NCH Trauma Criteria

[Current Trauma Activation Criteria \(internal only\)](#)

[Algorithm](#)

# Quality Measures

**Goal:** To improve education surrounding concerning signs and symptoms related to intentional strangulation or hanging injuries and standardize initial management and escalation of care.

**Process Measures:**

- Utilization of “neck Injury by Strangulation or Hanging” documentation tool
- 90% of transfers to MCED utilizing EMS are appropriate based on pathway criteria

**Outcome Measures:**

- Cumulative LOS (PCD/UC/LCED and MCED)
- Rate of CT angiography in patients without concerning signs or symptoms

**Balancing Measure:**

- 24hr and 72hr return visit rate to ED/UC (not PCD) for intentional strangulation related injuries of patients not initially transferred to MCED for evaluation

[Algorithm](#)

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Origination Date: *September, 2022*

Last Revision Date: *April, 2025*

Next Revision Date: *April, 2028*

## Clinical Pathway Development

This clinical pathway was developed using the process described in the NCH Clinical Pathway Development Manual Version 6, 2022. Clinical Pathways at Nationwide Children's Hospital (NCH) are standards which provide general guidance to clinicians. Patient choice, clinician judgment, and other relevant factors in diagnosing and treating patients remain central to the selection of diagnostic tests and therapy. The ordering provider assumes all risks associated with care decisions. NCH assumes no responsibility for any adverse consequences, errors, or omissions that may arise from the use or reliance on these guidelines. NCH's clinical pathways are reviewed periodically for consistency with new evidence; however, new developments may not be represented, and NCH makes no guarantees, representations, or warranties with respect to the information provided in this clinical pathway.

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