

Sheffield Non-Fatal Strangulation (NFS) Pathway for Access to Medical Assessment

Victim Presents to health professionals or non-emergency agencies and discloses episode of non-fatal strangulation with a history of pressure applied to the neck e.g. choking, throttling, or attempts at suffocation.

Explain seriousness of NFS and share Institute for Addressing Strangulation [IFAS victim leaflet](#)

Health Professionals

First contact enquires about symptoms and where possible examines head and neck for signs of bruising or injuries.

Look for **Red Flags** which may need an immediate medical assessment / ED attendance

Or where safe to do so- ask victim to see their GP or visit the Walk in Centre.

Consider Acute if the NFS incident occurred event within the last 6 weeks.

Non-Health Professionals

Look for visible signs of bruising or injuries, difficulty breathing or hoarse voice.

Advise the victim to see their GP or access the Walk in Centre as soon as possible.

If in doubt- dial 101 and request advice or if an emergency dial 999

When to attend the Emergency Department (ED)

Red Flags

- Airway compromise
 - Dyspnoea (difficulty breathing) or voice changes
 - Dysphagia (difficulty or pain on swallowing)
 - Cervical Spine (neck) injury
- Loss or near loss of consciousness
- Amnesia or altered mental state

Dial 999 and request an ambulance.

GP or Walk In Centre assesses for the following **Red Flags**:

- Petechial haemorrhages on face/neck /oral /conjunctival
- Carotid bruits or tenderness
- Any degree of bruising/ligature marks to neck
- Neurological symptoms or signs – Seizure, Stroke like symptoms, severe headache, tinnitus, hearing loss, paraesthesia
- Visual symptoms- Flashing lights, spots, stars, tunnel vision

Follow Guidelines for clinical management of non-fatal strangulation

[Guidelines for clinical management of non-fatal strangulation in acute and emergency care services- Institute for Addressing Strangulation \(ifas.org.uk\)](#)

GP or Walk in Centre decides if requires a Head and Neck Team assessment via the Neurology Pathway or Ear Nose and Throat (ENT) and refers appropriately.

Emergency Department

Follow Guidelines for clinical management of non-fatal strangulation.
Refer to Head and Neck Team where necessary or contact SpR on call for advice

All referrals, including 16-17 year olds, should go to the Sheffield Teaching Hospitals (STH) Hyper Acute Stroke Unit (HASU) SpR bleep 2939 via switchboard to discuss with the consultant on call.

Royal Hallamshire Hospital (RHH) Switchboard 0114 271 1900

Follow Guidelines for clinical management of non-fatal strangulation.

Head and Neck Team do not need to review all cases and may decide to provide advice and guidance plan.

Head and Neck team arranges an appropriate review either via the 'hot clinic' or an out-patient appointment and decides on a treatment plan. GP is informed of attendance and domestic abuse by discharge letter.

Is the victim safe? Is there a risk to others? All professionals and agencies **MUST**:

- 1) [Report to the Police via 101](#)
- 2) Complete a DASH risk assessment and refer into MARAC (Multi Agency Risk Assessment Conference) and IDAS (Independent Domestic Abuse Services) sheffield.marac@idas.cjsm.net
- 3) Contact IDAS –(with consent unless high risk) www.idas.org.uk or via Domestic Abuse Helpline - 0808 808 2241 and provide information about domestic abuse services National Domestic Abuse Helpline 0808 2000 247 www.nationaldahelpline.org.uk

If they are a victim/survivor of domestic abuse and/or sexual violence please follow the relevant dedicated pathway found at [Domestic abuse and sexual violence resources for professionals | Sheffield City Council](#)

For recent sexual violence please refer or signpost to [Hackenthorpe Lodge Sexual Assault Referral Centre](#)

- Consider raising a Safeguarding Adults Concern if victim has care and support needs [Adult First Contact](#) – 0114 2734908
- Refer to Child [Safeguarding Hub](#) – 0114 2734855 if victim is under 18.