



ERIK'S CAUSE

*Kids like Erik are dying every week –
YOU CAN HELP!*

Help Stop the Choking Game

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INFORMATION FOR MEDICAL PROFESSIONALS ABOUT PASS-OUT ACTIVITIES

Pass-out activities, commonly known in the media as “The Choking Game,” have been around for generations. In most versions of the activity the goal is to restrict cerebral blood flow to the point of near syncope or syncope. This is done by compression of the carotid arteries or the chest, often after hyperventilation, using hands or a ligature. Breath holding after hyperventilation in order to pass out, or contests to see who can resist passing out the longest under a choke hold (e.g. Tap Out) are additional variants. Kids experiment with this for various reasons (e.g., curiosity, peer influence, thrill or sensation seeking) and are often unaware of the dangers.

These “Games” have Many Names, Including but Not Limited to

Airplaning	American Dream	Pass-Out Challenge
Black Out	California Dreaming	Tap Out
Choking Game	Knockout Challenge	Cloud Nine
Elevator	Fainting Game	Space Monkey
Mormon High	Scarf Game	Space Cowboy

And the list continues to grow as kids come up with new names!

How Kids Learn About This

- From peers and siblings, at home, school, church, sport events, etc.
- On-line/social media
- A 2015 study from the University of Wisconsin studied 419 “how to play” videos from YouTube. Among other attributes of in this study, these videos were collectively viewed **22 million times!**

Pass-Out Games Differ from Other Risk Activities Because

- Is not illegal
- There is no cost as it does not require acquisition of a product
- An activity like this does not allow for public health legislation (such as drinking age or restricted driving laws) to decrease participation.

Demographics

- Death and injury have occurred in children as young as 7 and teens old as 19, but most incidences occur in middle-school-aged youth.
- It is estimated that more than 90% of reported choking game deaths occur by strangulation when played alone using a ligature.
- Approximately 85% of deaths occur in males. The median age is 13 to 14 years.
- Student survey data indicate boys and girls are equally likely to participate in groups.

Morbidity and Mortality Statistics are Limited

- No public health databases currently monitor pass-out activities.
- Youth are rarely forthcoming about the activity when injured. Thus practitioners may not be aware that pass out games are possible cause for unexplained falls, etc.
- Until recently (October 2016), there was no way to code pass-out activities as the reason for injuries.

Recent Development toward Improvement of Data Collection

- **NEW** as of Oct 1, 2016:
 - A **choking game activity code (ICD-10-CM)** is now available to code **injuries** in the U.S.
 - **Y93.85 Activity, choking game**
(with the following language to further define the code)
Activity: blackout game
Activity: fainting game
Activity: pass out game
- The CDC's National Center for Health Statistics (NCHS) recently submitted a proposal to the World Health Organization (WHO) to include this code for choking game in ICD-10. ICD-10 is used to code deaths in the US. Such a code would allow for the collection of choking game death data globally as well as in the US.

Presenting Signs and Symptoms Include

- Bloodshot eyes
- Petechiae (facial, neck and/or chest)
- Headaches
- Bruising or marks on the neck
- Unusual demands for privacy
- Disorientation after spending time alone
- Personality changes such as becoming overly aggressive or agitated
- Any questions about effects, sensations or dangers of strangulation
- Unexplained injuries

Warning Signs in the Home Include

- Locked doors
- Knots tied in the room
- Wear marks on bedposts, closet rods, etc.
- Any kind of strap, rope or belt lying by your child without reason/explanation
- "Thud" sounds, such as from falling from playing the game alone
- Internet use history (website, chat rooms, blogs, etc.)

Injuries Reported in the Literature and in the Press Include

- Seizures
- Anoxic brain injury
- Traumatic brain injury (concussion, coma)
- Vision loss (retinal hemorrhage, traumatic globe injury)
- Facial and long bone injury (contusion, fracture)

WAYS YOU CAN HELP

Physicians and Other Providers:

- Providers who see children and teens in primary care clinics, neurology clinics, orthopedic clinics, urgent care centers, and emergency departments can intervene before death or disability occurs if they have knowledge of these activities.
- Pass-Out activities should be on the differential for headaches, syncope, seizures, sudden vision loss, facial petechiae, behavioral changes, and head and musculoskeletal injuries due to falls in older children and adolescents.
- These activities can be screened for with other risk taking activities during HCM visits.
- Information about choking games can be included in parent and patient education materials that address risk taking.

Health Care Systems:

- Educate Providers and staff about Pass-Out Activities
- Incorporate information into existing parent information materials such as newsletters and blogs

School Nurses:

- School nurses can screen children for pass out game activity in the case of unexplained fainting, falls, headaches, etc.
- They can advocate for education of school counselors, teachers, playground attendants, parents, and students about choking games in their school districts.

When to Treat as an Addiction:

- The child continues the behavior because of the dissociation they experience.
- They like that nothing is bothering them because they're just not "present" (as a result of this activity).
- Without help, playing the game will likely escalate to serious injury and/or death.
- Recommend Appropriate Mental Health Services:
 - Ensure the therapist is trained to address the problem;
 - Must encourage the parent to reach out for help;
 - A team approach including the medical professional and a therapist with whom both the parent and the child can talk, as well as education in the schools.

[A full listing of existing research can be found at www.erikscause.org/research](http://www.erikscause.org/research)

About the Contributors:

- **Patricia Russell, MD** is a primary and urgent care physician in Tacoma, Washington and first learned of the choking game when her son, Colin, died from it in the Fall of 2005. She is responsible for bringing this issue to the attention of the CDC and is a co-author of their formal study of this topic in 2008. Dr. Russell also proposed the injury activity code to the ICD-10-CM Committee in 2012, which was endorsed by the American Academy of Pediatrics and approved by the ICD Committee, and now available for use.
- **Stephanie Small, LMFT** is a licensed marriage and family therapist in Los Angeles, California with 25+ years working with kids, schools and families. She is also a retired RN and incorporates her extensive medical knowledge into her practice. She is the co-founder and co-creator of the Erik's Cause program. Stephanie is passionate about education to help youth make healthy decisions.
- **Amy Bleak, RN, DNP** is both an RN and Doctor of Nursing Practice in Cedar City, Utah. During her 20+ year career, she has worked in a variety of settings including ICU, OP surgery, ER, nursing education, critical care flight nursing, oncology and as a forensic examiner. She is also an adjunct professor in the pre-med program at Southern Utah University.