

WSC ADVISORY #2017-024  
CHOKING PREVENTION

**ACTION REQUIRED**

EFFECTIVE DATE: *IMMEDIATELY*

## **Choking Prevention**

- Choking occurs when a person's airway becomes blocked by food or other objects, or when liquid enters the airway during swallowing. It is very important that people remain aware of choking hazards, know how to prevent choking and how to respond when a person appears to be choking.
- Best Practices include training staff members (and monitoring competency) in:
  - First aid and CPR
  - Providing a safe and calm dining atmosphere
  - Providing safe situations and locations for eating (e.g., avoid eating while agitated, laughing, yelling; not in moving vehicles or while walking, etc.)
  - Practicing appropriate response to choking scenarios (e.g., practice choking "drills")
- All food prepared must meet the requirements of the individual's specific diet consistency order, including liquids. If the individual does not have a specific diet order, but is having difficulty swallowing, the physician or speech therapist should be contacted.
- Some individuals may need more time to move food and liquid in the mouth into position for swallowing. Additional food should NEVER be placed into the mouth until after the first mouthful has been swallowed.
- For most individuals, the best position for eating is sitting as upright as possible with the hips at a right angle to the trunk.
- If behaviors such as food stealing, food stuffing, or food hoarding are present, they should be addressed by a behavior plan specific to the individual. The behavior plan should be followed at all times by staff and/or family.

## **Choking Risks and Causes**

- Health issues that affect swallowing, or decrease gag reflexes (for instance: cerebral palsy, neurological impairments, gastroesophageal reflux, aging)
- Eating or drinking too fast and/or not chewing food completely
- Eating while talking and laughing or in unsettled environments
- Food-seeking and taking behaviors – from others, from storage or waste receptacles – and/or secretive eating
- Eating or drinking while under the effects of sedating medications or alcohol. Some anticonvulsants, sedatives, and psychotropic medications can make swallowing difficult.

- Not providing food and drink in the manner and consistency needed by an individual to prevent choking
- Not giving the individual the supervision and support they require while dining and at other times
- Not adhering to clear instructions on food consistency
- Some foods, such as meat (and especially hot dogs), bread, pizza, popcorn, and peanut butter are difficult to swallow and increase the likelihood of a choking emergency, whether the person has been identified to be at risk or not.
- Some foods can increase the risk of choking due to their shape, size, and tendency to eat in one bite. Examples would be: grapes, marshmallows, baby carrots, chunks of fruit, tortilla chips, hard candies.
- Hotdogs and sausages are especially dangerous. It is highly recommended that only skinless hotdogs and sausages be served. All hotdogs and sausages should first be cut lengthwise, and then modified to the food consistency in the diet order. Individuals who request whole hotdogs or sausage, or those in a natural casing, must be adequately supervised when they are served. Best practice is to evaluate on an individual basis for ability to consume whole hotdogs and sausages safely.
  
- Other tips:
  - Take small bites
  - Cut meat into small pieces
  - Chew food thoroughly
  - Tuck chin to chest when swallowing
  - Avoid talking and laughing with food in the mouth
  - Stay with individuals that have swallowing disorders, seizure disorder, or Alzheimer's disease or other dementias when they are eating
  - Be aware that what looks like a seizure could be choking, especially if it occurs at mealtime.
  
- Some signs of choking:
  - Grabbing throat with hands, pointing to throat
  - Cannot cough, speak, cry, or breathe
  - Gasp for breath
  - Waving the arms
  - Gagging
  - Continuous, unusual, or severe forceful coughing
  - If being fed, food may come out of nose, or dribble from mouth
  - Skin, lips, and nails turn red, then blue as oxygen levels drop
  - Agitation, distress, or panic
  - May abruptly leave table and run to another room
  - May vomit, due to gag reflex – this does not mean they are not still choking
  - If conscious and cannot cough, speak, or breathe, assume the airway is blocked
  - If unconscious, assume the airway is blocked
  - Noisy breathing or wheezing could mean the individual has a partially blocked airway (could become fully blocked)

## **If Choking Occurs**

- STOP feeding immediately
- Sit the individual forward (if unable to sit, turn head to the side)
- Do NOT give water or fluids until symptoms subside
- Call for assistance immediately (911, if unable to cough, speak, cry, or breathe)
- Utilize the five back blows and abdominal thrust (Heimlich) maneuvers if needed, continuing alternately until:
  - The object is forced out
  - The person can forcefully cough or speak
  - The person becomes unconscious
- If the person becomes unconscious:
  - Lower to the floor
  - Look for the object the person is choking on, remove if possible, taking great care not to push object further into airway
  - Begin CPR, making sure that 911 has been called
- Aftercare for choking should always include assessment for aspiration, even if the obstruction was easily cleared and the individual goes back to their usual daily activity. Be on the lookout for cough and chest congestion, seek medical care if noted. Make sure the MD is informed about the choking event in all cases, but especially if respiratory compromise is noted.