

Risks for Choking

What else can increase one's risk for choking?

- Asthma
- Dementia
- Dysphagia (difficulty swallowing)
- GERD
- Lung Disease
- Seizures
- Sleep Apnea

What can you do to help?

Direct Support Professionals should:

- A. Learn the common causes of choking
- B. Adopt preventative measures
- C. Recognize the signs of choking
- D. Know what steps to take if someone chokes

Residents with IDD are particularly vulnerable to choking!

Individuals with intellectual or developmental disabilities may have an increased risk of choking for a variety of reasons:

- Diminished protective airway reflexes (i.e., persons with cerebral palsy)
- Poor oral motor skills that prevent adequate chewing or swallowing mechanism
- Gastroesophageal reflux disorder (GERD) causing aspiration of stomach contents
- Medication side effects that may decrease muscle control, delay swallowing, or suppress gag and cough reflexes
- Impaired mobility/positioning to facilitate proper swallowing

A. Common causes of choking

- Eating or drinking too fast
- Not chewing food well enough prior to swallowing
- Distractions while eating
- Over stuffing mouth with food or drink
- Swallowing inedible objects (Pica)
- Unacceptable diet texture consumption of food prone to cause choking
- Poorly fit dentures
- Edentulous (having no teeth)
- Inadequate supervision during meal times
- Inadequately trained staff who are not familiar with prescribed diet
- Poorly assisted eating techniques
- Poor mealtime positioning

Foods to avoid for residents with swallowing disorders:

- Chewing gum
- Chips
- Crackers
- Corn kernel
- Fish with bones
- Large chunks of cheese/fruits/vegetables
- Hard candy
- Hot dogs
- Uncut cherry or grape tomatoes

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B. Preventative Measures

- Educate your peers on the importance of mealtime safety
- Assign dedicated staff for mealtime monitoring
- Provide easy access to a telephone where meals are taken
- Post information on how to communicate to 911 operators near phone
- Identify persons who are at extreme risk for choking (eat too fast and over-stuff their mouth).
- Ensure prescribed diets are followed
- Promptly communicate diet changes to all relevant staff
- Communicate concerns to appropriate healthcare personnel to determine if further assessment is warranted
- Be cautious of leaving food items accessible that could pose a choking risk

C. Choking Signs & the Sign for Choking

- Inability to talk
- Inability to cough forcefully
- Loss of consciousness
- Wide-eyed panicked look on face
- Difficulty breathing or noisy
- Skin, lips, or nails turning blue
- Clutching the throat or chest breathing



D. Steps to Take if Someone Chokes

- Be familiar with local/state laws (i.e., New Jersey's Danielle's Law) and facility policy on Life Threatening Emergencies
- If trained, respond to an individual who is choking by following the guidelines of the organization by which you were trained:

American Red Cross

1. 5 back blows
2. 5 abdominal thrusts
3. Repeat and continue until medical personnel arrive and take over OR the object becomes dislodged OR the individual loses consciousness

American Heart Association

1. Perform solely abdominal thrusts
2. Repeat and continue until medical personnel arrive and take over OR the object becomes dislodged OR the individual loses consciousness

- o ***If the individual becomes unconscious, guide them to the floor and begin CPR if trained***

- Notify primary care physician after the emergency resolves

**Universal
sign of
choking**