



Choking: A Medical Emergency
Swift Action is Essential to Prevent Irreversible Harm or Death!

IMPORTANT: All Direct Care Staff (DCS) should follow First Aid/Cardiopulmonary Resuscitation (CPR) training instructions for an individual who is choking. The Office of Long-Term Living would like to emphasize the following points:

- Abdominal Thrusts and other airway clearing measures must NOT be withheld from residents with Do Not Resuscitate (DNR) orders. Responding to a blocked airway is basic first aid. It is extremely rare for an individual to have an advance directive that specifically precludes securing the individual's airway.
- DCS must be trained and empowered to call 911 at the appropriate time and must not delay the call by seeking supervisory approval.

This resource is intended to make all providers and DCS aware of the serious issue of choking in Personal Care Homes (PCHs) and Assisted Living Residences (ALRs). Everyone involved in care should become familiar with resources to aid in the identification of individuals at risk for choking, the training of staff, and the appropriate documentation of special dietary needs and choking precautions.

The Department of Human Services (Department) has recently launched a [Choking Prevention Website](#). Please visit this site for additional resources to assist in maintaining the health and safety of the residents you serve.

Core principles to promote safety for PCH/ALR residents:

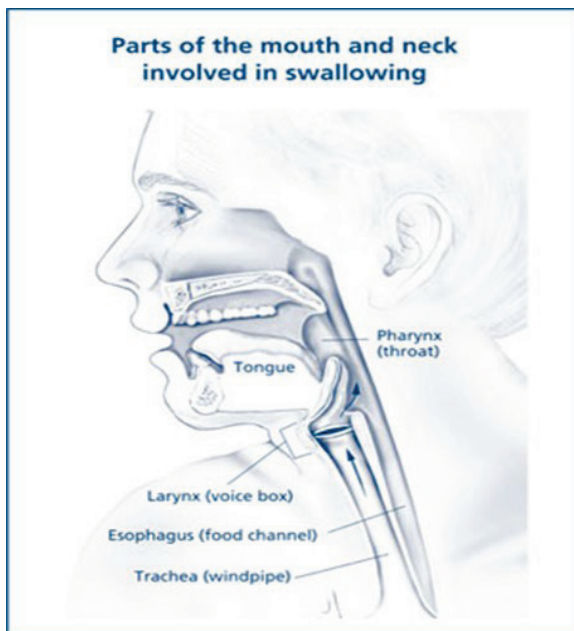
The information contained in the residents' medical evaluations and Resident Assessment and Support Plans (RASPs) must be accurate, consistent, and followed precisely for feeding plans, supervision of residents while eating, proper positioning, and the use of adaptive equipment. [All DCS providing care to a resident must be trained on the resident's dietary needs, including awareness of proper foods and food textures](#), supervision needs during meals, proper positioning during meals, and the use of adaptive equipment related to the risk of aspiration and choking.

Action to Take when a resident is choking:

American Heart Association Heartsaver CPR Automated External Defibrillator (AED) course recommendations:

- **Mild airway block** – If someone can talk or make sounds and can cough loudly, then take action: stand by and let the person cough. If you're worried about the person's breathing, phone 9-1-1.
- **Severe airway block** - If someone cannot breathe, talk, or make sounds or has a cough that has no sound or makes the choking sign, then take action act quickly, follow the steps to help an adult with severe airway block.
- **If the resident becomes unresponsive** - Shout for help, phone or have someone else phone 9-1-1 and get an AED (if available). Put the phone on speaker mode so that you can talk to the dispatcher. Provide CPR, starting with compressions.
- **When calling 9-1-1 do it immediately!** Seconds matter. Do not delay by seeking supervisory approval before calling 9-1-1.
- **Contact the health care practitioner after any episode of choking.**
 - **A single choking event may be a warning sign for future choking events.**

Defining Dysphagia, Aspiration, and Choking:



Dysphagia, which is the term for difficulty in swallowing, is a frequent cause of choking.

Dysphagia can develop at any time and is usually related to underlying medical or physical conditions. It can cause both choking and aspiration, either of which can lead to injury, illness, and death. The image on the left shows the closeness between the esophagus, which is the channel that carries food from the mouth to the stomach, and the trachea or windpipe leading to the lungs. The closeness of the esophagus and the trachea helps to explain why swallowing and choking issues are so serious.

Image courtesy of: National Institute on Deafness and Other Communication Disorders, National Institutes of Health, U.S. Department of Health and Human Services

Aspiration is when fluid, food or saliva enters the lungs. A person may choke, cough or gag when this happens but it may occur without any signs. This is called silent aspiration. Aspiration can lead to wheezing, difficulty breathing and/or pneumonia, which can cause death.

Choking is when food or other items become lodged in the back of the individual's throat causing a blockage of the person's airway. This blockage prevents air from entering the lungs. This deprives the body of the necessary oxygen it needs. This can quickly lead to irreversible brain damage and death.

Who is at risk for choking and aspiration?

Residents:

- With swallowing disorders
- With problems affecting the muscles used to swallow. For example, older adults with declining health, those with seizures, cerebral palsy, Amyotrophic Lateral Sclerosis (ALS), Parkinson's Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, or a Major Neurocognitive Disorder
- With a history of stroke, traumatic brain injury, spinal cord injury, or problems affecting the head and neck
- With decayed or missing teeth or improperly fitted dentures
- Who are taking medications that depress the central nervous system or irritate the esophagus
- With Gastroesophageal Reflux Disease (GERD)
- With feeding tubes
- With tracheostomies

What are the Signs of Residents at Risk for Choking?

- Coughing or excessive drooling while eating
- Difficulty breathing or shortness of breath while or after eating
- Making statements such as "food is getting stuck" or "going down the wrong pipe"
- Frequent throat clearing while eating
- Eating too fast or packing one's mouth

Signs of a Resident Choking. [This is an Emergency!](#)

- Anxious or agitated state
- Reddened face
- Difficulty breathing
- Noisy breathing
- Severe coughing or gagging
- Hands at throat
- Not able to talk
- Not able to breathe
- Skin turning gray or blue
- Loss of consciousness

How to Prevent Choking and Aspiration

- Identify the symptoms of dysphagia.
 - Support for identifying dysphagia is available through health care practitioners.
Ask about available screening tools.
- Notify the resident's physician or speech therapist of any concerns so the appropriate testing can be completed to identify the issue.
- Review and follow the RASP.
- Provide appropriate supervision of the resident and assistance with eating.
- **[Prepare food as instructed on the medical evaluation/RASP/Physician Orders.](#)**
- **[Avoid foods identified as creating an increased risk.](#)**
- Utilize identified adaptive equipment (specialized cups, utensils, plates, etc.) with every meal and with snacks.
- Check that dentures are in place and properly secured, and that oral hygiene is completed as per the RASP.

What Training and Resources are Available to Decrease the Risk of Choking?

- DCS should be currently certified in CPR and First Aid. Staff trained in CPR and First Aid must provide these services when necessary.
- DCS should be trained and oriented in all aspects of the RASP for the residents for whom they are providing service.

- Policies and Procedures for calling 911 should address events that occur both in and outside of the PCH/ALR.

Airway Clearance Devices:

- Airway Clearance Devices (ACD) are items designed to help remove a lodged object from the airway of an individual who is choking.
- The U.S. Food and Drug Administration (FDA) issued a safety communication to encourage the public to follow established anti-choking protocols, which are step-by-step guides, approved by the American Red Cross and the American Heart Association to relieve the airway obstruction in choking victims. These protocols include abdominal thrusts (also called the “Heimlich” maneuver). These protocols do not include anti-choking devices.
- The safety and effectiveness of over-the-counter anti-choking devices have not been established; they are not FDA-approved or cleared. If you choose to use them, only use anti-choking devices after established choking protocols have failed.
- Regulations for PCH/ALR neither require nor prohibit ACD use, although ACD use may not be used as a replacement for cardio-pulmonary resuscitation training.

The Department strongly recommends that a provider who wishes to use ACDs consult with their legal counsel and insurance carrier to ensure that there are no issues related to ACD use. It is also recommended that providers who use ACDs develop and implement policies for how they will be used, including but is not limited to how staff will be trained and when ACD use will occur.

Additional education and resources are available through:

- Heartsaver CPR AED Student Workbook, American Heart Association, April 2016, pgs. 56-61)
- American Heart Association: HeartSaver CPR, AED and First Aid Training Course-information available online at: <https://atlas.heart.org/home> or by calling 1-877-AHA-4CPR or 1-877-242-4277

- Health Care Quality Units (HCQUs):
<https://www.myodp.org/mod/page/view.php?id=7699>
- National Institute on Deafness and other Communication Disorders (NIDCD Fact Sheet| Voice, Speech, and Language: Dysphagia, NIH Publication No. 13-4307, October 2010, reprinted February 2014.
- American Speech-Language-Hearing Association (ASHA), Adult Dysphagia:<https://www.asha.org/Practice-Portal/Clinical-Topics/Adult-Dysphagia/>
- FDA Encourages the Public to Follow Established Choking Rescue Protocols: FDA Safety Communication: https://www.fda.gov/medical-devices/safety-communications/fda-encourages-public-follow-established-choking-rescue-protocols-fda-safety-communication?utm_medium=email&utm_source=govdelivery