

POLICIES AND PROCEDURES MANUAL

KEYSTONE COMMUNITY RESOURCES, INC.

KEYSTONE INDEPENDENT LIVING, INC.



Policy Title:

Choking Prevention and Management

Chapter:

Effective Date:

7/1/1992

Revision Date:

11/25/2008

Policy Number:

Executive Director

SCOPE:

- Chapter 6400 – Community Homes For Individuals With Mental Retardation

INTRODUCTION:

1. Airway obstruction leading to asphyxia is a leading cause of death and disability in children. It can be caused by a foreign body such as: food, small toys/objects or an infection that causes swelling of the airway.
2. Foreign body obstruction of the airway usually occurs during eating. Common factors associated with choking or food includes.
 - High risk foods
 - Large poorly chewed pieces of food
 - Poor supervision during eating.
 - Upper and/or lower dentures.
 - Elevated blood alcohol.
3. Certain foods pose a higher risk for choking for children and other persons who have weak or immature chewing and swallowing inabilities, or anatomical or sensory irregularities. Foods in the high risk category include: chewing gum, candy, nuts, grapes, meat, peanuts and peanut butter, bread, cookies, biscuits, carrots and apples. The risk of these foods can be reduced by introducing food substitutes and by close supervision. Persons with a susceptibility to choking must have their food cut into small pieces, be taught to chew their food well, and have seeds removed from oranges, grapes, melons and other fruits. Some residents have a history of choking incidents and require attention while eating to prevent this. This information is noted prominently of their record. An incident report is required for each incident of choking.
4. Because early recognition of airway obstruction is the key to successful management, it is important to distinguish this emergency from fainting, stoke, heart attack, epilepsy, drug overdose or other conditions that cause sudden respiratory failure but which are managed

differently. This differentiation is important. According to the American Heart Association, foreign bodies may cause either partial airway obstruction or complete airway obstruction. Which partial airway obstruction, the victim may be capable of either “good air exchange” or “poor” air exchange”. With good air exchange, the victim can cough forcefully; although, frequently there is wheezing between the coughs. As long as good air exchange continues, the victim should be encouraged to persist with spontaneous coughing and breathing efforts. **At this point, do not interfere with attempts to expel the foreign body**; instead, encourage the person to cough and monitor.

5. Poor air exchange may occur initially, or good air exchange, as indicated by a weak, ineffective cough, high pitched noise while inhaling (such as crowing-like sound), increased respiratory difficulty, and possibly a bluish color of skin, fingernail beds and inside mouth. The partial obstruction should be managed as if it were a complete airway obstruction.
6. With complete airway obstruction, the victim is unable to speak, breathe or cough, and may clutch the neck between the thumb and index finger. Staff and residents should be instructed to use this sign as the universal distress signal for choking. Movement of air will be absent, oxygen will be depleted, the brain will develop a shortage of oxygen, unconsciousness will occur and the Heimlich procedure should be given. Contact the nurse-on-duty and have the person evaluated by medical staff. If the person becomes unconscious, immediate Emergency Medical Services (EMS) contacted (911).

DISCUSSION: