



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

The Division of Developmental Disabilities  
Quality Improvement

# Choking Prevention Awareness

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# Presentation Outline

## ▶ Part I

- ▶ Introduction
- ▶ Purpose
- ▶ Definitions
- ▶ Foundations
- ▶ Complications

## ▶ Part II

- ▶ Choking Risk
- ▶ Prevention
- ▶ Choking Hazards
- ▶ Signs & Symptoms
- ▶ Addressing Events

# Part I: Introduction

- ▶ Presenter Introduction
- ▶ Background for the Choking Initiative
- ▶ The 3s
  - Food 3 weeks
  - Fluids 3 days
  - Oxygen 3 minutes

## National Safety Council

- “Choking and suffocation is the forth leading cause of home and community death in the United States.”

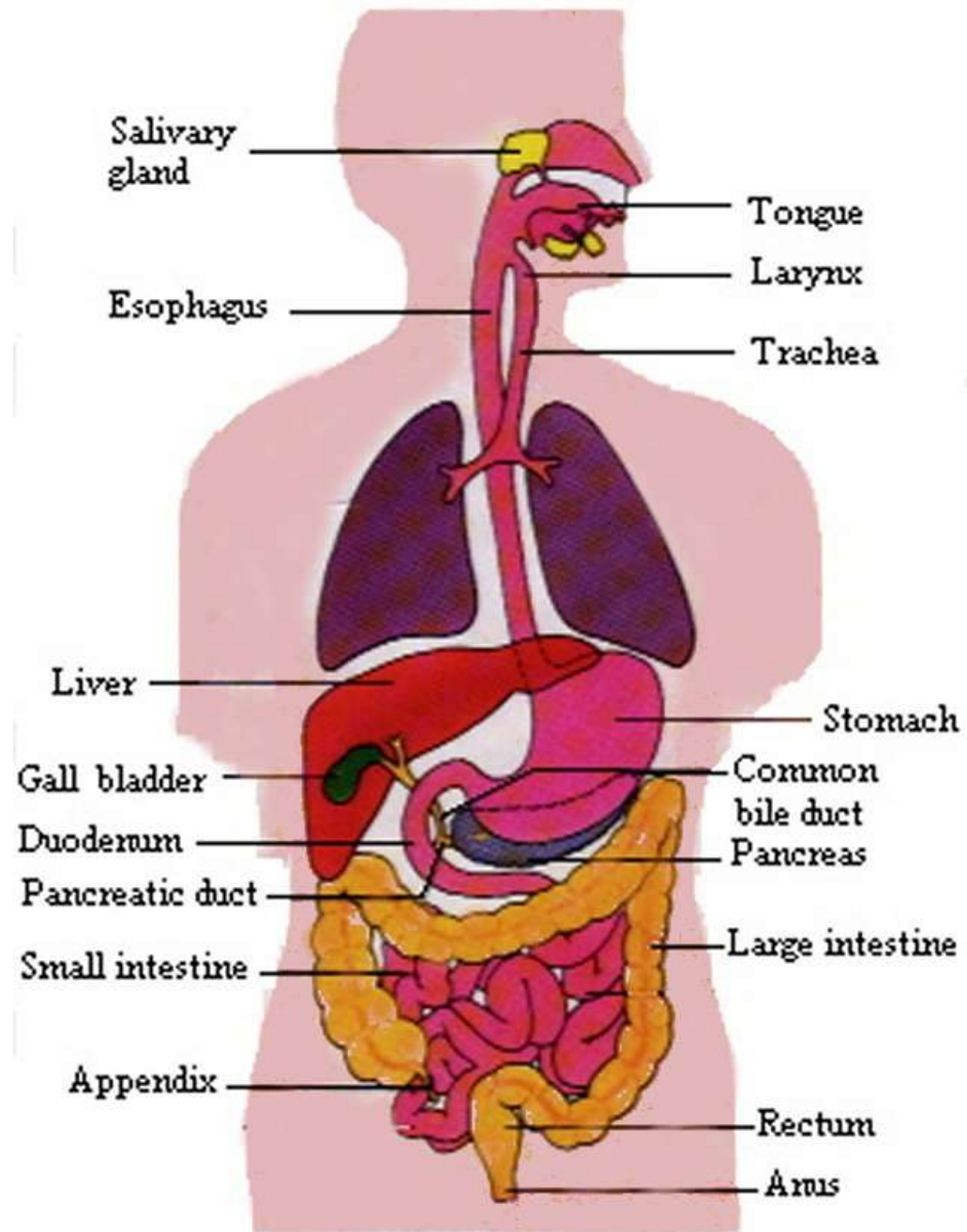




The purpose of this presentation is to provide general information and resources regarding choking risk awareness and prevention. This is not a substitute for specific “training” for specific needs and “care” of members nor is it intended to add to or replace First Aid and/or CPR or other required certification.

# Definitions & Foundations

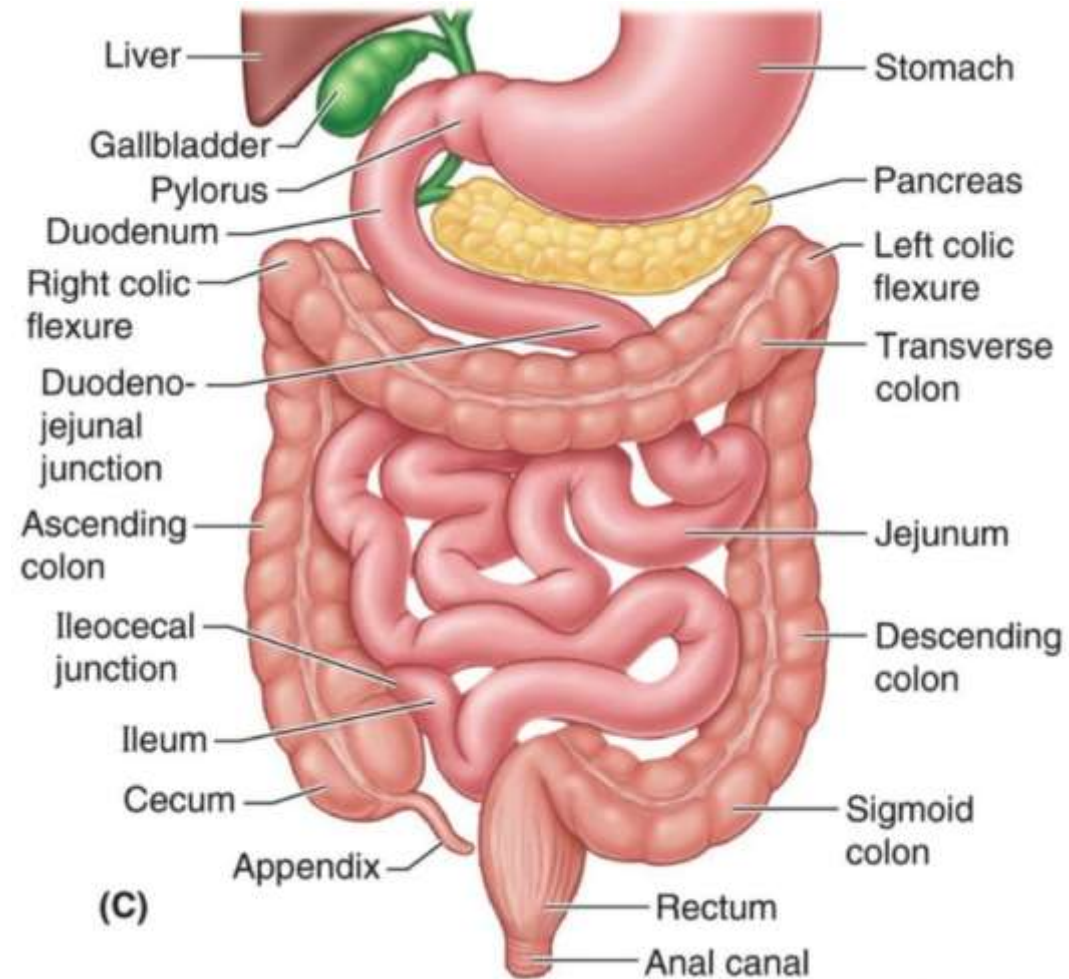
- ▶ Esophagus
- ▶ Trachea
- ▶ Choking
- ▶ Aspiration
- ▶ Dysphagia





# Definitions & Foundations

- ▶ G/J-Tube
  - Choking
  - Aspiration
  - Fluid
  - Vomiting



# Complications of ...

## ▶ Choking

- **Silence** is the first thing that occurs with choking
- Loss of Consciousness
- Loss of Breathing Drive
- Brain Injury
- Death

## ▶ Aspiration

- Recurrent Pneumonia
- Pneumonitis
- Antibiotic Resistance
- Collapsed Lung
- Sepsis
- Death

# Part II: Choking Risk

## ▶ Conditions & Diagnosis

- PICA (eat non-edible items like batteries)
- Convulsions/Seizures/Epilepsy
- Cerebral Palsy (neurologic impact to swallowing)
- Prader-Willi Syndrome (continuous eating and drinking/obese)
- Polydipsia (excessive thirst)
- Autism (problem with food textures)
- ADD/ADHD (impulsive or binge eating)
- Developmental/Intellectual Delay or Disability
- Dysphagia and other physiology (difficulty swallowing)
- Dental Issues (can hinder eating due to no teeth, unstable teeth, poor fitting dentures, and pain)



# Choking Risk

## ▶ Behaviors

- Food Grabbing/Stealing
- Overstuffing or Pocketing
- Distracted eating (not chewing fully, eating quickly)
- Multi-tasking
- PICA, Polydipsia, Prader-Willi Syndrome (obsessive)
- Distracted Eating
  - Laughing, running, walking during meals/snacks

# Choking Risk

## ► Medication Side Effects

- Antacids / Acid blockers
- Anti-Anxiety
- Sleep Aids
- Behavioral Health Medications



# Is everyone at risk for choking?

Yes and No



# Prevention

Individuals with developmental, intellectual and other disabilities have a very high potential to experience a choking event.

(This does not mean *all* should be designated “at risk” for choking in their ISP’s or other documents.)

# Choking Risk – hazards

## ▶ Common “risky” foods

- Hot Dogs (cut into quarters)
- Peanut Butter (sticky/tacky)
- Marshmallow (adapts to space)
- Popcorn (scratchy/coughing)
- Tough Meat (hard to breakdown)
- Grapes
- Cherry Tomatoes
- Nuts
- Seeds




## ▶ Common “risky” non-food items

- Gloves – latex
- Deflated balloons
- Buttons
- Jewelry
- Refrigerator Magnets
- Batteries



# Preventing a Choking Event

## ▶ Meal and Snack Times

- Assign a “meal/snack” monitor for each shift
  - Know the members and their needs, know their DIETS
  - Keep meals as orderly/quiet as possible
  - Ensure specials diets/adaptive devices, supervision, and other needs are communicated to staff and provided
  - Make sure the team knows if there have been dietary changes
- 



# Prevention

## ▶ Caregiver Accommodation

- Occurs Naturally as a result of caregiving
- Develops slowly over time
- Is useful – but not a substitute for medical evaluation and care

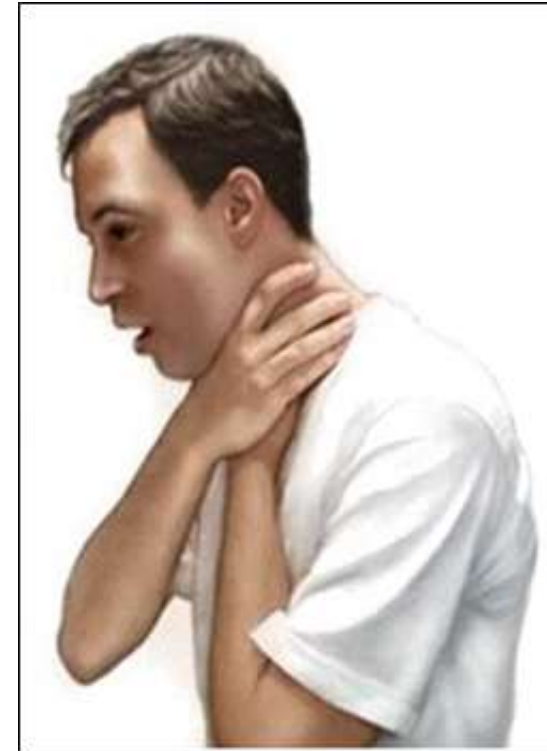
## ▶ Dietary Orders

- Specific recommendation(s) made by a provider (NP, PCP, ST, RD, etc.) based on specific evaluation.
- Caregiver accommodations should be reported to providers.


# Signs & Symptoms

## ▶ Universal Choking Sign?

- Leaving the meal area
- Sudden inability to speak
- Stops eating (unexplainably)
- Rigorous, uncontrolled coughing
- Excessive saliva production
- Runny nose
- Gagging
- Silence



# Partial Block

- ▶ Crying or Vocal
  - ▶ Able to speak but sound is altered
  - ▶ Whistling sound upon breathing in or out
  - ▶ Coughing
  - ▶ Gagging
  - ▶ Drooling
- 

# Full Block

- ▶ Silence
- ▶ Universal Choking Signal
- ▶ Panicked Appearance
- ▶ Unable to speak
- ▶ High Pitched Wheezing
- ▶ Bluish or grey tone to lips, nail beds, skin  
(this is a very late sign)

# Addressing a Choking Event

- ▶ Call 9-1-1 (time is of the essence)
- ▶ Follow your CPR and First Aid Training  
(This presentation is not intended to provide specific information included in CPR/First Aid Certification which is required training for working with members of the Division of Developmental Disabilities.)

# Addressing a Choking Event

- ▶ PCP follow-up is needed
  - Pneumonitis can develop several days after the event if aspiration has occurred.
  - Food or object debris may remain in the throat and dislodge at a later time causing air blockage.
  - Members with a G/J-tube and/or known swallowing difficulties need medical follow-up after vomiting as they may have “aspirated”.
  - Whenever medical treatment such as EMT’s, urgent care, ER, or hospitalization occurs, a follow-up with the regular doctor should take place within 3–5 days.



# Wrap-up and Questions

- ▶ Resource Packets (Fact-Sheet)
- ▶ Business Card - On-Site presentation?
- ▶ **Presentation Evaluation Form**

Thank you for your attention!

