

choking awareness

How to reduce the risk of choking

General advice to help someone eat safely and reduce their risk of choking



We hope you enjoy this booklet which is designed to give you good ideas that can help reduce the risk of a person choking.

Using a table format and bullet points, each potential problem is listed on the left hand margin and is accompanied by a number of ideas to consider to help reduce the risk of choking in the right hand margin.

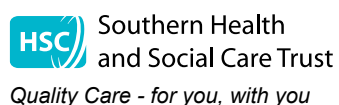
The problems include:

- Person is easily distracted
- Person is unable to maintain a stable and upright position while eating
- Takes big bites or puts too much on the spoon
- Eats too fast
- Likes to talk when eating
- Overfills the mouth
- Swallows food without adequate chewing
- Moving around when eating
- Person is drowsy, sick, upset or agitated
- Person has difficulty coordinating breathing with swallowing
- Person's mouth is not clean, person has broken, missing teeth
- Person has suspected pain in their mouth
- Person's dentures are not fixed and move around.

A free Mobile App is also available ios app Help Stop Choking <https://appsto.re/gb/P6ml-.i>



This choking awareness booklet was developed by John Toal and Angela Crocker Lead Clinical Speech and Language Therapist and adapted from work by Rachel Samuels and Sarah Welton, Specialist Speech and Language Therapist March 2005. A special thanks to everyone who participated especially the members and staff from the Everton centre, Mark Lee Community Nurse, Philip O'Neill medical photography and Sheila Jamieson CRIS design. The choking awareness project has been supported by the PHA and BHSC Health Improvement Consortium. © 2017 Belfast Health and Social Care Trust all rights reserved. Not to be reproduced in whole or in part without the permission of BHSC enquiries@innovations.hscni.net



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<http://helpstopchoking.hscni.net/>
www.southerntrust.hscni.net/livewell/1537.htm

Foreword from SHSCT

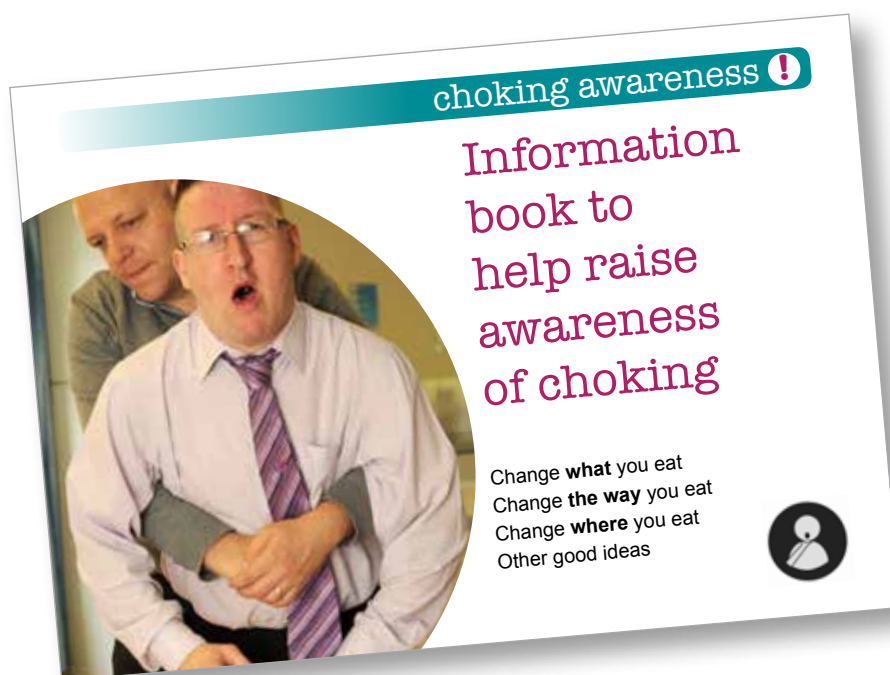
Adults with learning disabilities are more likely to have eating/drinking/swallowing problems (dysphagia) than the general population.

Dysphagia can result in choking and may lead to death. To reduce the risk of choking and dysphagia the Southern Health and Social Care Trust Adult Learning Disability Speech and Language Therapy (SLT) department provide a dysphagia service.

This resource can be used:

- To raise awareness of choking
- In conjunction with information provided by SLT following:
 1. Individual assessment and treatment.
 2. Recommendations/Guidelines to manage risks.
 3. Dysphagia awareness training provided by SLT.

An Easy Read resource is available on Choking Awareness



For further details or information on how to make a referral - please contact:

SLT Department, Ward 5, St Luke's Hospital, Armagh T: 028 3756 4685

Anyone can choke at any time. The risk of choking increases when someone is eating or drinking.

Choking is an acute episode in which the person will cough incessantly or experience a colour change (with inability to cough or speak effectively) while ingesting food or drink. The solid or liquid has to be expelled to terminate the event.

(Bazemor et al's 1991)

People with swallowing difficulties and/or learning disability have a further increased risk of choking. Every year people with a learning disability die from choking while eating and drinking which could be prevented.

It is important that people are provided with choking awareness training to empower them to keep themselves safe. However some people will need ongoing support to recognise the health and safety aspects of eating and drinking for example the amount they can eat safely, the temperature, rate of intake and presence of inedible. Others are unable to fully understand their risk of choking and rely solely on support to foster a safe eating environment, promote safe eating strategies, and encourage safe food choices.

It is important to ensure that people who have swallowing difficulties or who have a choking risk are clearly known with adequately trained staff available to supervise and support. Useful tools to alert staff include care plan, Personal Place Mat, bedside notice or swallowing report.

If the person is on a modified dysphagia diet check the food provided is the correct consistency, temperature and is prepared as recommended. Be cautious that no hard skin has formed.

Ensure you have up to date swallowing awareness, first aid and choking awareness training. Ensure you are aware of and follow local choking guidelines and/or policy. Record and report all choking events, use the choking event form. This will help you learn from choking events to help prevent further choking. Remember that if a person collapses while eating or immediately after eating you should consider the possibility of choking. Never let a person leave a room alone if they are showing mild choking difficulties.

Below are general good ideas that can help reduce the risk of a person choking, look at the list of problems in the left margin and consider the ideas to help reduce the risk outlined in the right margin.

What is the problem?



Person is easily distracted

Ideas to consider to help reduce the risk of choking

- Promote a calm, focused and relaxed environment free from distractions
- Consider protected mealtimes with no visitors, phone calls, unnecessary interruptions or other activities going on at the same time
- Turn off the TV/radio
- Consider having meals in a quieter room
- Think about where the person is sat in the room – would they be better facing a wall?
- Eat at different times to most other people when things are quieter
- Remove distractions on the table such as spare cutlery
- Serve one course at a time.



Person is unable to maintain a stable and upright position while eating

- Support the person to sit as upright as possible with their feet on the floor
- Do not let a person eat or drink while lying down
- If they have to eat in bed ensure that they are supported to sit as upright as possible
- If the person is in a wheelchair ensure it is as upright as possible, with their feet supported and use their wheelchair tray if available
- Encourage them to stay seated when they have food in their mouth
- The person should not lie down immediately after eating as any residue in their throat could fall into their airway. Encourage the person to remain seated upright for 30 minutes
- Consider a referral to occupational therapy for a seating assessment.

What is the problem?



Takes big bites or puts too much on the spoon

Ideas to consider to help reduce the risk of choking

- The person may have a difficulty cutting up food or loading their spoon, offer support and consider a referral to occupational therapy for an independent feeding skills assessment
- Use a smaller utensil, ie. a spoon with a smaller flatter bowl. A sundae spoon has a long handle but same bowl size as a teaspoon
- Use a larger plate with the food spread out more thinly
- Only put a small amount of food on the plate at a time, put another spoonful of food on the plate as each one is finished
- Demonstrate the right amount of food to put on a spoon
- Offer to use another spoon to remove the excess food from their spoon, only do this when the spoon is near the plate, not when the person has the spoon near their mouth
- Offer to load the spoon for the person, or use hand over hand support to ensure they have the right amount on the spoon
- The person may have a visual difficulty and is unable to see how much they are putting on their spoon. Ensure glasses are worn and are clean. Consider using a plain coloured plate. Consider referral for a visual assessment.

What is the problem?



Eats too fast

Ideas to consider to help reduce the risk of choking

- Remove the need to rush by allowing plenty of time to eat before activities, trips out
- It can be useful to encourage the person to go to the toilet before a meal
- Offer snacks in between meals to stop the person becoming too hungry
- Eat together to demonstrate a slow pace of eating
- You may need to encourage the person to chew and swallow
- Agree on a single word or phrase that everyone will use to prompt the person to slow down, eg. 'steady', 'slowly', 'slow down', etc.
- Agree on a physical prompt that everyone will use to prompt the person to slow down, eg. hand on arm, hand on table etc.
- Establish a routine of the person putting the utensil down on the table between each mouthful
- Try prompting the person to place their hands on their knees in between mouthfuls
- Don't have the dessert on view
- Use pacing cards to remind the person to slow down
- Be extra cautious at the end of a meal the last few spoonfuls are often large and taken at a fast pace
- Encourage them to stop and take a sip of drink between spoonfuls.

What is the problem?



Likes to talk when eating

Ideas to consider to help reduce the risk of choking

- Discourage talking while swallowing. Talk before, after or in between courses – mealtimes can still be social. If they want to talk more allow time after the meal to have a chat
- Don't be tempted to start a conversation yourself
- Don't give any prompts that require an answer.



Overfills the mouth

- Remember that lots of small mouthfuls without any swallows in between is just as dangerous as one large mouthful!
- Prompt the person to swallow in between mouthfuls
- Offer a consistency/texture of food that is softer and easier to swallow
- Offer to cut up food into swallow sized pieces – this is food cut up into pieces that are no larger than 1½ cm
- Only have a small amount of food on the plate at a time
- Check that the fork/spoon the person is using isn't too big.

NB overloading the mouth MAY be a sign that the person finds it hard to judge how much they have in their mouth and can be part of a swallowing problem.

What is the problem?



Swallows food without adequate chewing

Ideas to consider to help reduce the risk of choking

- Soft moist foods are generally easier to swallow
- Add a sauce to dry foods to make them easier to chew
- The following types of food can cause a higher risk of choking and may need to be modified or avoided for some people:
 - hard, tough, chewy, fibrous, stringy, dry, crispy, crunchy or crumbly foods
 - pips, seeds, pith/inside skin, skins or outer shells eg. on peas, grapes, husks
 - skin, bone or gristle
 - round or long-shaped foods eg. sausages, grapes, sweets. Hard chunks eg. pieces of apple
 - sticky foods eg. cheese chunks, marshmallows
 - floppy' foods eg. lettuce, cucumber, uncooked baby spinach leaves
 - juicy food where juice separates off in the mouth to a mixed texture eg. water melon
 - foods of mixed consistency (eg. solids mixed with gravy, soup with lumps of vegetables)
- If they are not managing their current diet consider referral to speech and language.



Moving around when eating

- Encourage them to go to the dining room when the meal is ready so they do not have to wait for long periods
- Make sure they have everything they need before they start, sauce, napkin etc.
- Think about where the person is sat in the dining room, are there people moving past them, are they sat by a door?
- Is everyone sitting down to eat or do some people wander around (especially staff!)
- Make sure that the person knows that it's time to eat – visual timetables or objects of reference can be used to back this up.

What is the problem?

Ideas to consider to help reduce the risk of choking



Person is drowsy, sick, upset or agitated

- If a person gets sick it can cause a sudden change to their eating and drinking – discuss with the GP
- It is important that the person is fully alert while eating and drinking so they can swallow as safely as possible. Encourage them to eat when they are at their best and most alert
- Check side effects of medication and discuss with prescriber
- Give them gentle verbal or physical prompts to draw their attention to the food
- It can be hard to swallow safely when you are very emotional – consider giving the meal at a later time.



Person has difficulty coordinating breathing with swallowing

- If the person is showing any difficulty encourage them to stop and recover before eating anymore
- Encourage person to visit their GP to investigate chest
- Offer smaller meals
- Consider referral to physiotherapy for advice on chest physiotherapy.

What is the problem?



- Person's mouth is not clean
- Person has broken, missing teeth
- Person has suspected pain in their mouth
- Person's dentures are not fixed and move around

Ideas to consider to help reduce the risk of choking

- Offer softer foods that are easy to chew and swallow
- Consider a referral to the dentist or oral hygienist
- It is important to have really clean teeth and a clean mouth. There are millions of bacteria which stick to our teeth. This is called plaque. Bacteria from the mouth and teeth can cause chest infections. Offer to support an oral hygiene programme
- Ensure dentures are fitted securely. Seek advice on ill-fitting dentures
- Ensure their mouth is clear of food. Food left in the mouth food can cause bad breath, mouth infections and can cause choking if it falls into the throat when the person is not expecting it
- Encourage regular teeth brushing or denture cleaning.



Consider a referral to speech and language therapy for a swallowing assessment if any of the following signs are observed while eating and drinking:

- Coughing/choking on food and or drink immediate or delayed
- Wet/gargly voice quality
- Breathlessness after swallowing
- Food sticking in mouth/throat
- Difficulty clearing own saliva or managing own secretions
- Reduction in oral intake
- Face changes colour after eating/drinking.

Adapted from work by Rachel Samuels and Sarah Welton, Specialist Speech and Language Therapist March 2005