



Office of the Ombudsman for Mental Health and Developmental Disabilities



Choking Alert

This Medical Alert is based on the work of the Medical Review Subcommittee and should be posted prominently. The Office of the Ombudsman for Mental Health and Developmental Disabilities works to improve the services provided to people with disabilities by communicating important information found in the Medical Review Subcommittee's reviews of deaths and serious injuries. Thank you for promptly reporting deaths and serious injuries. You are helping us to meet our mission.

Since 2004, the Office of the Ombudsman has received more than 60 Serious Injury Reports and more than 60 Death Reports in which choking was a factor.

Prevention - Tips from the American Red Cross:

Did you know that more than 3,000 people die each year as a result of choking? Would you be able to recognize if a family member or friend started to choke? Do you know what activities might lead to choking? Here are some common causes of choking:

- Trying to swallow large pieces of poorly chewed food.
- Drinking alcohol before or during meals. Alcohol impairs the swallowing reflex.
- Wearing dentures. Dentures make it difficult to sense whether food is fully chewed before it is swallowed.
- Eating while talking excitedly or laughing.
- Eating too fast.
- Walking, playing, or running with food or objects in the mouth.

These are just some of the causes of choking. To learn more about the signals of choking and the care needed by a person who is choking, find out about CPR and AED classes from the American Red Cross or the American Heart Association.

Follow these safety precautions to help prevent choking:

- Do not let people eat too fast.
- Give people with swallowing difficulties (dementia, dysphagia) soft foods that they do not need to chew.
- Carefully monitor people with dementia and/or swallowing difficulties when they eat foods like nuts, grapes, popcorn, or raw vegetables.
- Cut foods like grapes, apples, hot dogs, sausages, and other meats into small pieces to help prevent choking.
- Supervise people while they eat.
- When swallowing difficulties are suspected, be sure that clients receive adequate and timely swallowing evaluations.
- Be aware that that impairment or loss of the swallowing reflex is common after stroke and may be progressive in dementia.
- Address swallowing difficulties in each client's Individual Service Plan and Risk Management Plan.

What To Look For – Symptoms of Choking/Acute Upper Airway Obstruction

- Choking
- Gasping for air
- Wheezing, crowing, whistling, or other unusual breathing noises indicating breathing difficulty
- Agitation or fidgeting
- Panic
- Cyanosis - skin, lips or nails turning blue or dusky
- Changes in consciousness
- Unconsciousness

What To Do

- **Choking/airway obstruction is an emergency. Call 911 emergency medical services. Do not attempt to drive a choking person to a hospital emergency department.**
- Clear the airway of a suspected foreign body obstruction by using a method such as the Heimlich maneuver.
- Use what knowledge and materials you have to maintain breathing until medical help arrives.

Inability to relieve the obstruction can cause breathing failure, cardiac arrest, brain damage, and death. The lack of oxygen caused by choking can result in brain damage or death in four to six minutes. Unless immediate action is taken to open a completely obstructed airway, the chances for survival and complete recovery decrease rapidly. If the object can be removed quickly and breathing returns to normal, recovery should be complete. In any case, it is a good idea for the client who has experienced an episode of choking to receive a medical evaluation either at the emergency department or with his or her primary care provider.

A Special Note for clients under public guardianship, who have a consent for a DNR/DNI order in place:

According to the Minnesota Department of Human Services Public Guardianship Office:

This consent means that in the event of cardiac or respiratory arrest, cardiopulmonary resuscitation shall not be initiated, and that in the event of acute or impending respiratory failure, endotracheal intubation to provide sustained assisted ventilation need not be performed.

This consent does not prohibit emergency management to prevent or reverse acute airway obstruction or the treatment of transient respiratory insufficiency with oxygen.

General medical and physical care must continue. Medical treatment up to the point of cardiopulmonary resuscitation must continue to be provided.

Additional information is available at:

<http://www.nlm.nih.gov/medlineplus/choking.html>
<http://www.nlm.nih.gov/medlineplus/ency/article/000067.htm>
<http://www.redcross.org/services/hss/tips/choking.html>
<http://www.mayoclinic.com/print/first-aid-choking/FA00025/METHOD=print>
<http://www.nidcd.nih.gov/health/voice/dysph.asp>

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Suite 420, Metro Square Building, St. Paul, Minnesota 55101-2117

651-296-3848 or Toll Free 1-800-657-3506 TTY/voice – Minnesota Relay Service 711 Website: www.ombudmhdd.state.mn.us

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