

## Actions to Consider Following a Choking incident

This form should be completed by person(s) responsible for providing direct care. Ensure you consult with the service user and gain their consent and involvement in identifying risks, also carers/ families who know the person best. It will provide a record of all actions considered following a choking incident to help prevent further choking. This information can contribute to a choking risk management plan, if needed. Please note all incidents, near misses and errors should be reported through the DATIX incident reporting system.

<b>Name of patient/client</b>	<b>Date of choking event</b>
<b>Date form completed</b>	<b>Name of person completing form</b> <b>List all persons who contributed</b>
<b>Describe what the person was eating, the way they were eating, the environment at the time of the choke and if they cleared any blockage?</b>	<b>Describe level of intervention required</b> Reassurance/prompt to cough/backblow/abdominal thrust/paramedic/lost consciousness/ A&E/admission.  <b>Medical exam following incident? y/n</b>

<b>Questions to ask following a choking incident</b>	<b>No</b>	<b>Yes</b>	<b>If Yes, Actions to consider</b>	<b>Completed by and date</b>	<b>Comments if no action give reason.</b>
1. Is there suspected aspiration of material into the lungs or a change in the person's breathing effort, rate or sounds?			Medical review Chest Physiotherapy		
2. Does any chronic respiratory condition appear worse?			GP/ Medical or Physiotherapy opinion as appropriate		
3. Is this a <b>new</b> difficulty? i.e. the person has no known choking/ Eating drinking or swallowing ( <b>EDS</b> ) difficulties?			Consider referral to SLT if meets referral criteria.		
4. Recent deterioration in observations of general health?			Medical review		
5. Does the person have worsening swallowing skills due to ill health?			Medical review Referral to SLT if meets referral criteria		
6. Is the person <b>unable</b> to maintain an awake alert state for duration of feed/ meal?			Ensure awake and alert before all mealtimes. Medical review.		
7. Is there concern that the EDS care plan was not applied? E.g. person choked on food that is <b>not</b> recommended?			Carers aware of EDS Care plan. Personal Place Mat in place Review access to high risk foods		
8. Did person choke on food that <b>is</b> recommended on current diet?			Avoid high risk foods Refer to SLT		

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	No	Yes			
9. Is there concern that the food preparation was inadequate? E.g. unsafe temperature, hard skin formed, texture/size?			Undertake safety checks with kitchen, food provider, and person preparing food.		
10. Does the person show unsafe eating behaviours? E.g. overfilling, fast pace, inadequate chewing, talking or moving.			Education on safe eating strategies. Consider behaviour Management plan.		
11. Is the person's ability to independently feed reduced?			Identify Support required, safe feeding guidance, PPM, bed side care plan, independent feeding assessment OT.		
12. Is the person's ability to maintain a stable and upright position throughout mealtimes reduced?			Temporary support to maintain upright stable position refer to OT for seating assessment		
13. Was specified specialist equipment <b>not</b> used?			Person had access to correct specialised equipment, e.g. dysphagia cup, non-slip mat, correct furniture?		
14. Do any oesophageal symptoms appear worse? E.g. reflux, vomiting.			Medical review		
15. Are there any oral health issues e.g. pain, dry mouth, thrush, loose teeth, caries, poor fitting dentures.			increase mouth care medical/ dental review		
16. Does the person have difficulty swallowing medications?			Liaise with pharmacy/ medical team for medication preparation review		
17. Is there concern that medication is having negative side effects (e.g. drowsy, dry mouth)?			Liaise with pharmacy/medical team re medication review.		
18. Is there concern that first aid was <b>not</b> administered correctly?			Revise knowledge/skills Update training Practice drills		
19. Was the mealtime environment interrupted/rushed/noisy?			Protected mealtimes		
20. Is there a concern over the staff's level of experience or training?			Identify level of experience required check training		
21. Are there any staffing concerns impacting supervision?			Increase monitoring, specify supervision level Escalate to manager		

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