

BRAIN BOOSTER

BY FUSION

RISK OF CHOKING



Care Management Software

Empowering Outstanding Care Through Technology



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WHAT IS CHOKING

Choking happens when the airway is blocked, either partially or completely, by a foreign object, such as food or a small item.

A partial blockage may allow some airflow, meaning the person can still cough and breathe, while a complete blockage cuts off the airway, preventing breathing entirely.



TOP TIP

Choking must be regarded as a medical emergency. As choking can happen to anyone, It must be acknowledged that there is a risk of choking in some residents where no risk has been identified previously.



The Importance of Assessment

Documenting The Risk



- Residents should be assessed for choking risk during the pre-admission assessment, and this information must be shared with the care team.
- A full Risk of Choking Assessment should be completed on Fusion on the day of admission.
- Assessments must be reviewed at least monthly, or sooner if the resident's condition changes or a choking incident occurs (including near misses).
- Any identified risks must be clearly communicated to both the care and culinary teams through proper handover and documentation.

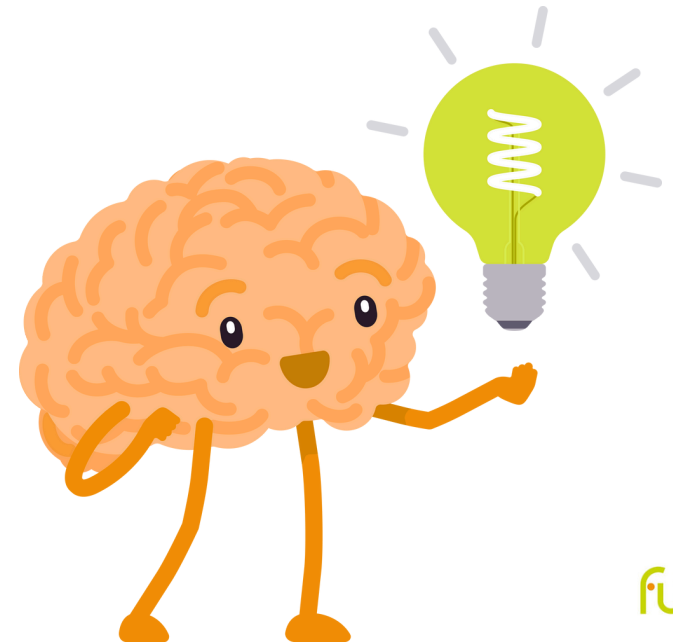


Why Do Residents Choke

There are many reasons why a resident may be at risk of choking, prompt assessment and vigilance at mealtimes will help reduce risk for them.

Reasons for increased choking risk in residents may include:

- Difficulty in chewing/swallowing food
- Rushing or cramming food
- Overfilling their mouth
- Moving around whilst eating
- Eating inappropriate/non-food items
- Non-compliance with a prescribed diet
- Physical conditions affecting their swallowing (CVA/MND/Parkinson's)
- This list is not exhaustive



Over To You



Test Yourself

Ask These Questions

- Are staff aware of all residents at risk of choking?
- Are all appropriate risk assessments completed?
- Does their care plan fully reflect risks and actions to mitigate any risk?
- Has the risk been shared with the kitchen?
- Have any SALT or Dietician recommendations been included in the care plan and uploaded to the Fusion documents area?
- Is the resident receiving the correct consistency of food from the kitchen?
- Are they getting the right support to eat?

How To Support A Resident Who Is Choking

SUSPECTED CHOKING - Be alert to choking particularly if the person is eating.

ENCOURAGE TO COUGH - Instruct the choking person to cough.

GIVE BACK BLOWS / SLAPS - If cough is ineffective give up to 5 back blows:

- Stand to the side and slightly behind the person.
- Support the chest with one hand and lean the victim well forwards so that when the obstructing object is dislodged it comes out of the mouth rather than goes further down the airway.
- Give **five** sharp blows between the shoulder blades with the heel of your other hand.

GIVE ABDOMINAL THRUSTS - If back blows are ineffective give up to 5 abdominal thrusts:

- Stand behind the person and put both arms round the upper part of the abdomen.
- Lean the victim forwards.
- Clench your fist and place it between the umbilicus (navel) and the ribcage.
- Grasp this hand with your other hand and pull sharply inwards and upwards.
- Repeat up to **five** times

• If the obstruction is still not relieved, continue alternating **five back blows with five abdominal thrusts**.



NEXT

How To Support A Resident Who Is Choking



START CPR if the person becomes unresponsive.

- Support the person carefully to the ground.
- Immediately contact the ambulance service (if not yet done).
- Begin CPR with chest compressions only.

Resus UK Guidelines, 2021

- Do staff know what to do in the event of a choking incident?
- Are staff aware who has had appropriate training in the management of choking?
- Are assessments completed to timescales and reflective of the resident today?
- Are ALL choking assessments redone monthly (or in the event of a choking incident)?
- Do the staff know who has an identified choking risk?

IMPORTANT

After A Choking Incident

- Complete an accident/incident/event report as per organisational requirements.
- Continue to observe the resident post incident for breathing difficulties, swallowing issues, coughing and/or pain (particularly if abdominal thrusts have been used).
- Seek advice from GP/111/ if you have concerns.
- Recomplete the choking risk assessment on Fusion.
- Update/rewrite care plan.
- Update/rewrite Risk Assessment.
- Record fully in Fusion daily notes under an appropriate note tab.
- Complete a Root Cause Analysis (RCA) and share learnings from RCA with staff teams.
- Discuss at clinical risk meetings.



Food For Thought

Think About The 6 “Rights” Of Meal Service



- Right **resident**
- Right **diet**
- Right **consistency** (IDDSI level)
- Right eating **location** (dining room or bedroom)
- Right level of **assistance** and/or supervision
- Right **posture** (sitting upright/supported)

Summary

It is important to ensure all residents remain safe whilst eating and drinking. Choking in the elderly is a serious issue and residents must be assessed effectively in order that any risks are well managed and prevent a choking incident. All residents could potentially choke; however, robust assessment will identify those at high risk and ensure all residents can be supported to eat safely