

Asphyxiation/Choking

Asphyxiation or choking is a risk whenever a person eats. This is because the openings of the windpipe (trachea) and food pipe (oesophagus) are very close together. Co-ordinating breathing and swallowing is a complicated process, and food can easily ‘go down the wrong way’.

The risk of asphyxiation increases when:

- we eat too quickly
- we are poorly positioned
- we talk while eating
- we are distracted at mealtimes
- we are drowsy when eating

The strategies below are suggested to support individuals who may be at an increased risk of asphyxiation when eating.

These strategies are designed to be implemented without any specialist assessment. Using the descriptions of eating as a guide, Staff can identify appropriate strategies to trial. If additional advice or support is needed, a referral should be made to Speech and Language Therapy.

Oral stage issue	How to help reduce choking risk
Reduction in the person’s normal chewing pattern (using gums or teeth)	Move to a Soft and Bite sized (Level 6) consistency This consistency does not have food pieces larger than 1.5cm (roughly the size of an adult’s thumbnail) Avoid High Risk foods, and foods that cannot be modified to a soft and bite sized If already on a Soft and Bite-sized diet, consider ‘stepping down’ to a Minced and Moist diet (Level 5)
Eating without pausing between swallows	1:1 support throughout the meal Use simple verbal cues: “spoon down”, “chew”, “take your time” Physical prompt: rest hand gently over utensil hand Use smaller utensil: e.g. long handled tea spoon Use a fork and serve small pieces of food that can be stabbed Spread food thinly over a larger plate Staged portion: placing a small amount of food on the plate at a time
Overloading mouth. Putting more food in the mouth before it is empty	1:1 support throughout the meal Use single verbal cues: spoon down, next, waiting Physical prompt: rest hand gently over utensil hand Staged portion: placing a small amount of food on the plate at a time
Overloads spoon/fork	Use smaller utensil: e.g. long handled tea spoon Use a fork and serve small pieces of food that can be stabbed Offer verbal prompts

**In the event of a choking episode (i.e. the airway is blocked)
Basic Life Support should be administered**

Asphyxiation / Choking (cont)

Behavioural presentation	How to help reduce choking risk
Eating despite having reduced or variable alertness levels	Identify alert times, and offer smaller meals “little and often” Offer an activity that increases alertness before eating (e.g. a walk outside, listening to music, washing hands and face)
Increasing fatigue during a meal	Smaller meals, little and often. Offer easier consistencies towards the end of the meal (e.g. Levels 5 or 4)
Moving around while eating	Have moving opportunities before meals. Create smaller environment for eating. Reduce visual distractions.
Highly distractible while eating	1:1 support throughout meal Reduce auditory/visual/ tactile distractions and Sit facing out to rest of the room, so nobody can walk behind
High anxiety levels during meals	Consider what is happening before, during and after a meal. Prepare for meals using visual clues (e.g. laying the table) Use visual schedules to increase awareness of routine (now and next)
Excessive laughing or talking causing sudden intake of breath	Encourage quiet eating areas. Reduce all spoken language during mealtimes. Sit with back to the wall Give verbal prompts (e.g. “Empty your mouth”)
Taking food from other plates	Consider where the person sits in relation to others. Consider sitting at own table
Taking food and hiding food	1-to-1 supervision around food Risk management plan needed.
Does not recognise food from non-food items e.g. Banana skins	Remove any non-food items from dining areas. Be aware of garnishes, sauce bottle lids etc that may be on the table
Rocking after meals	Increase interaction. Encourage purposeful movement after meals: walking, taking plate back to kitchen etc.
Regurgitates or vomits food	Consider possibility of reflux Discuss with G.P / medical practitioner
Puts finger down throat after meals	Ensure food does not contain hard edges Pieces of food should be no longer than a thumb nail
Food or drink comes down the nose when eating	Investigation may be needed if this is a new presentation Ensure pacing strategies are used Staged portions, pausing between. Stable, upright sitting posture.
Absent gag reflex	Ensure pacing strategies and soft and bite-sized consistency is offered



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