

# Choking Risk Screen/Assessment Protocol

San Gabriel Pomona Regional  
Center

# Choking Risk Screen/Assessment

- All people are at risk for choking
- Many clients have died due to choking
- Some that survived choking, lost function
- Purpose of the screen is to identify clients “most at risk” of a serious choking incident

# Choking Risk Screen/Assessment

- Screening tool is meant to identify problems with eating or drinking
- Meant to guide Service Coordinators
- Can be used by others:
  - Nurse Consultants
  - Non-medical people, like care providers
  - IPP Planning team members
- Does not replace evaluation by specialists

# Choking Risk Screen/Assessment Section 1.

- Client is on a Special Diet Modifying the Texture of Food or Liquids.
- If yes, type of diet or texture?
- Examples are given of special diets based on texture
  - Cut food in small pieces
  - Chopped
  - Ground, Mashed, or Mechanical Soft diet
  - Pureed
  - Thickened liquids

# Choking Risk Screen/Assessment Section 1.

- Action to be taken if client has a change in texture of their diet:
  - Include in IPP and reason for it
  - Same information on IEP or ISP
  - Ensure all care takers are aware of it

# Choking Risk Screen/Assessment Section 2.

- Client has Dental Problems that Affect Ability to Chew
  - No teeth
  - Poor fitting dentures
  - Broken or several missing teeth
  - Dental pain,
  - Hot or cold sensitivity,
  - Poor bite, or other problems.

# Choking Risk Screen/Assessment Section 2.

- If yes, consider referral to:
  - Physician
  - Dentist
  - Nutritionist
  - Dental Coordinator
- Monitor diet order, if needed

# Choking Risk Screen/Assessment Section 3.

- Client has Risky Eating Behaviors
  - Rapid Eating
  - Overfills Mouth
  - Pica
  - Steals Food
  - Other

# Choking Risk Screen/Assessment Section 3.

- If the answer is “yes” to any of these:
  - Add problem and plans in the IPP
  - Ensure it is in the IEP or ISP
- Depending on number and/or severity:
  - Consider referral to a Behavioral Specialist for a specific behavioral plan

# Choking Risk Screen/Assessment Section 4.

- Client has symptoms of swallowing difficulty:
  - Choking incident within past year
  - Frequent Upper Respiratory Infections during past year
  - History of Aspiration pneumonia
  - Coughs, chokes, gags when eating/drinking

# Choking Risk Screen/Assessment Section 4.

- Client has symptoms of swallowing difficulty, continued:
  - Takes 30 minutes or more to finish meal
  - Trouble breathing/swallowing at same time
  - Refuses to eat, turns head away, spits out food
  - Loss of weight due to poor intake
  - Other (e.g., Sneezing, rumination, drooling, pocketing food)

# Choking Risk Screen/Assessment Section 4.

If the answer is yes to any of these:

- Assessment for a Choking Prevention Care Plan is needed.
- At SGPRC, the Service Coordinator is to:
  - Refer to the Nurse Consultant for assessment/recommendations

# Choking Risk Screen/Assessment Section 4.

- Nurse Consultant may refer on to:
  - Physician                      Speech Therapist
  - OT                                      Nutritionist
- Service Coordinator is to follow the Health Condition Care Plan guidelines in developing the Choking Care Plan

# Choking Risk Screen/Assessment Section 4.

- If client resides in an ICF, ICF/DD-H, ICF/DD-N, or attends an ADHC
  - Service Coordinator will refer to their staff for an assessment/care plan

# Choking Care Plan Elements

- Identifying client information
- Condition that puts client at risk
- Weight/Height and BMI or IBW
- Current Status of Client
- Goal of the Choking Care Plan

# Choking Care Plan Elements

Actions to be taken:

- Supervision
- Environment
- Diet
- Amounts offer
- Prompts
- In-Between Sips

# Choking Care Plan Elements

- Avoid Chokables
- Staff are CPR trained
  - Can recognize the signs and symptoms of choking and aspiration
  - Know what to do in different situations
- Staff know who to contact if show signs of aspiration or have a choking episode
- Staff know to call 911 for acute distress

# Choking Care Plan Elements

- Contact Name and Numbers
  - 911
  - Facility Contact Person and Number
  - Family Contact and Number
  - Physician Name and Number
- Signed off by:

# Choking Care Plan Elements

- Signed off by:
  - Client if appropriate
  - Facility and/or Day Program representative
  - Regional Center representative
  - Who prepared the plan
  - Who reviewed the plan
- Date
- Date of next review

# Choking is Preventable

- Be Aware
  - At risk clients
  - Risky foods
  - Risky situations
- Take Care
  - Have Choking Care Plan in place
  - Staff trained and knowledgeable
- Take Appropriate Action
  - If it happens



THE END