

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