

Choking in Young Children

- Do not give foods that can break off into hard pieces such as: raw carrots, celery sticks and apple pieces . These foods should be grated, cooked or mashed.
- Sausages, hot dogs and other meats should be cut into small pieces. Tough skins on hot dogs and other sausages should be removed.
- Do not give popcorn, nuts, lollipops, corn chips, **grapes, hard candy**, or other similar foods.

At eating times

- Always stay with young children with swallowing difficulties and supervise them while eating.
- Make sure that young children sit quietly while eating.
- Never force young children to eat as this may cause them to choke.

If the child is NOT breathing

Try to dislodge the piece of food by placing the child face down over your lap so that their head is lower than their chest.

Give the child **up to 5 sharp forceful** blows on the back just between the shoulder blades. This should provide enough force to dislodge the food.

Check again for signs of breathing.

As soon as possible, urgently call 911 and ask for an ambulance. The ambulance service operator will be able to tell you what to do next.

Why young children are at risk of choking on food

Young children do not have the back teeth needed to chew and grind lumps of food properly; these may not be fully developed until around 4 years of age. Young children are still learning to eat solid food.

Food swallowed in large pieces is more likely to get stuck and block off the airways. If it “goes down the wrong way” this can cause young children to choke.

If young children run, play, laugh or cry while eating they are more likely to choke on their food.

Choking - Adults



The universal choking sign – clutching throat. If a person is choking, you should not interfere as long as he is coughing. If coughing does not dislodge the object from the trachea and the victim is breathing with extreme difficulty, or if he turns a bluish color and appears to be choking but is unable to cough or speak, quickly ask, “Are you choking?” A choking victim can nod his head “yes”, but will be unable to talk. It is important to ask this question because a person suffering from a heart attack will have similar symptoms, but he will be able to talk.

THE ABDOMINAL THRUST:

If the victim is choking...

1. Stand behind him with your arms **under their arms, around chest.**
2. Place one fist, with the knuckle of the thumb against the victim’s midsection, slightly above the navel but well below the breastbone.
3. Hold your fist firmly with the other hand and pull both hands sharply toward you with an upward-and-inward jab.
4. This procedure should be administered continually until either the object is forced out or the victim becomes unconscious.

DUE TO THE FORCE WITH WHICH THE ABDOMINAL THRUST IS GIVEN, IT SHOULD BE USED ONLY IN AN ACTUAL EMERGENCY.

Adults With Difficulty Swallowing

The majority of persons following a stroke or other neurological deficits may experience difficulty swallowing. There can be many causes for swallowing and choking problems such as:

- denture problems
- decreased muscular function
- dysfunction that result from drug side effects or chemotherapy

A full bedside examination is suggested to assess the extent of the swallowing problem and possible causes.

Residents with latter stages of dementia will need assistance with feeding as health begins to decline. When residents begin to lose the ability to utilize utensils such as knives, forks, and straws, they may have problems with positioning and swallowing. The following are recommended techniques:

- Prompting and providing cues to continue eating, chewing, and swallowing when necessary.
- Allow more time to eat.
- Precut, preseason, and debone food for patient who may be subject to swallowing difficulties. The food should be ready to eat when the **tray** is placed in front of them.
- Watch for misuse of utensils and provide only a fork and spoon to those who cannot use a knife properly.
- Watch for things like the person ignoring one side of his or her plate, which may result from a visual problem; not being able to handle food and drinks served at the same time; not eating other food if dessert is served with the meal; and difficulties with swallowing and positioning.

Residents who have completely lost their ability to utilize utensils, staff may utilize the following techniques:

- Ensure proper body positioning
- Use finger foods as much as possible
- Peel all fruit

Source: How to Be a Nurse Assistant – Student Textbook
Published by Mosby Life Line

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Reference: Diagnosis and Treatment of Swallowing Disorders in Acute-Care Stroke Patients an Evidence-based Practice Center report (AHCPR 99-E023), available at www.ahrq.gov/clinic/epcsums/dysphsum.htm on the AHRQ web site