Choking and Airway Obstruction in Individuals with Intellectual and Developmental Disabilities

Developed by:

The Office of Integrated Health – Health Supports Network at the Virginia Department of Behavioral Health and Developmental Services

June 2025

Agenda

Morning Session

- **9:00 am** Swallowing, Choking, and Red Flag Alerts
- **9:30 am** Other Choking Risk Factors and Help from Healthcare Professionals
- **10:00 am** Break!
- **10:10 am** Caregiver Actions and Putting it All Together
- **10:50 am** DBHDS Resources (OIH website scavenger hunt!)

Afternoon Session

- **1:00 pm** Swallowing, Choking, and Red Flag Alerts
- **1:30 pm** Other Choking Risk Factors and Help from Healthcare Professionals
- **2:00 pm** Break!
- **2:10 pm** Caregiver Actions and Putting it All Together
- **2:50 pm** DBHDS Resources (OIH website scavenger hunt!)

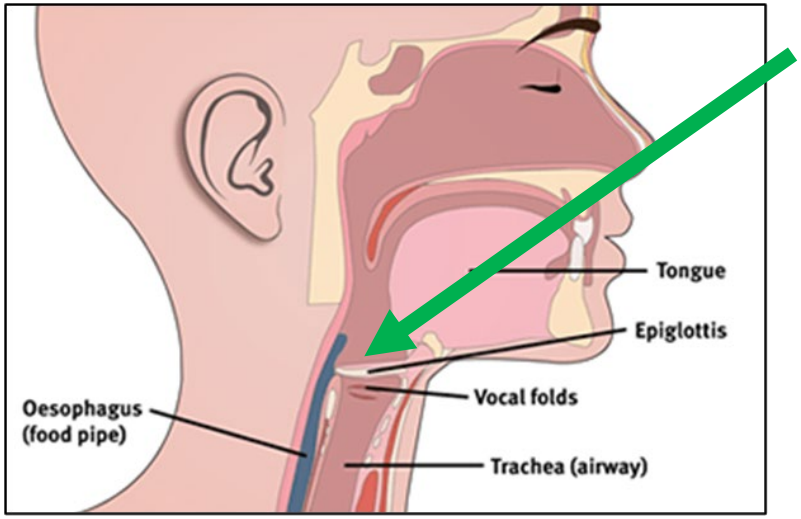
Learning Objectives

- Identify leading risk factors and conditions which increase choking risk
- Identify signs and symptoms of difficult or impaired swallowing (dysphagia)
- Name five foods that increase choking risk
- Describe steps to take when a screening tool indicates an increased choking risk
- Describe whom to seek help from when symptoms of dysphagia are observed
- Describe the role of a speech-language pathologist (SLP) and why ongoing monitoring is needed for those with dysphagia or increased choking risk
- Identify tests used to diagnose dysphagia
- Describe and identify different types of modified diets
- Describe two types of protocols that can be used to reduce choking risk
- Describe steps to take in situations in which dignity of risk intersect with an individual's food choices
- Demonstrate the universal choking sign
- Describe the steps to take during and after a choking event
- Complete one case study
- Locate and utilize educational resources about choking from OIH

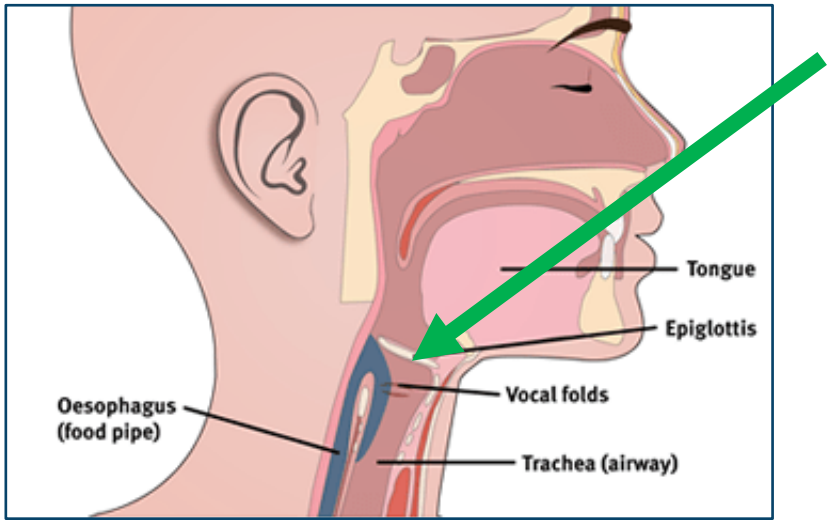
DBHDS

Swallowing & Choking

Swallowing



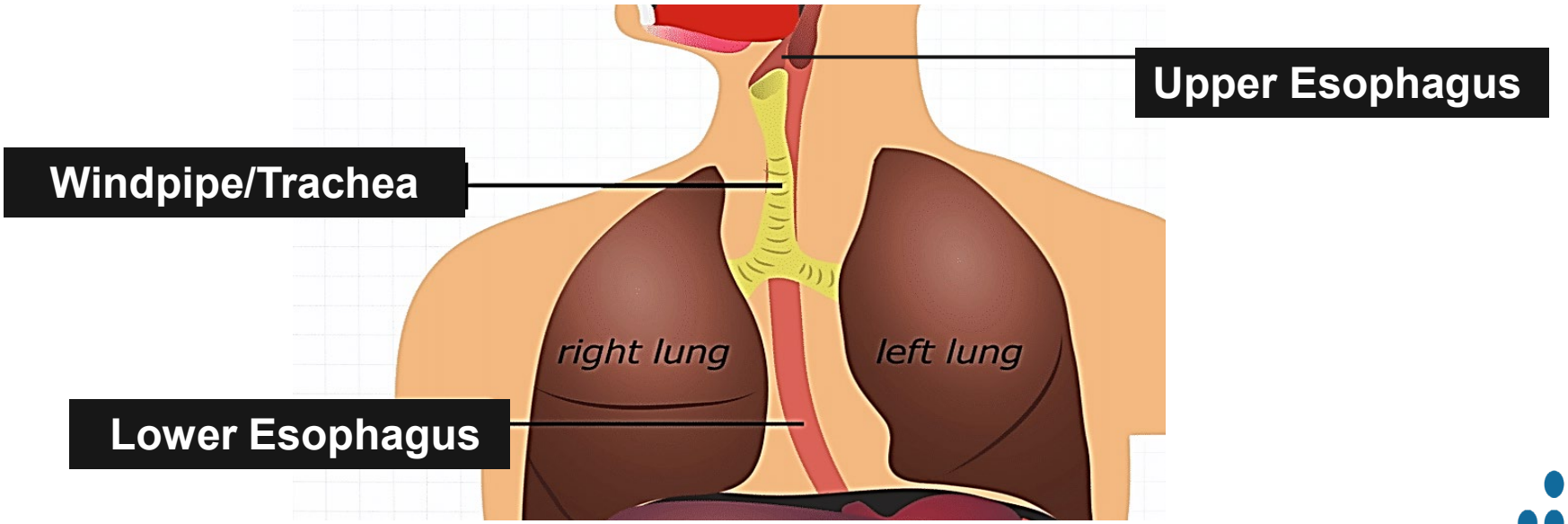
In normal swallowing, the airway is protected so food and liquid travel into the stomach, not into the lungs.



In dysfunctional swallowing, food and liquid to travel into the lungs causing choking and aspiration.

(Cleveland Clinic, 2020; Panara et al., 2022).

- If food gets stuck in the upper esophagus (the tube leading to the stomach), it can block the airway (windpipe /trachea) causing an individual to choke because they cannot breathe.
- Choking is defined as “an obstructed (blocked) airway”
- Choking can be caused by:
  - An object (toy, battery, coin, etc.) fully or partially blocking the airway
  - Food and/or a combination of food and liquid blocking the airway



Facts About Choking Emergencies

- Choking can happen to anyone and is **always an emergency**
- **Brain damage happens in 4-6 minutes** after breathing stops
- If nothing is done, **death will occur**

Some people who are choking *can* still breathe.

Symptoms:

Look of fear or panic

Reddish face

Grabbing throat

Drooling

Forceful coughing

Partial Airway Blockage

Some people who are choking *cannot* breathe.

Symptoms:

Cannot speak

Grayish or pale face

Bluish lips

Grabbing throat

High-pitched noise

Complete Airway Blockage

(Borke and Zieve, 2021; Manduchi et al., 2021).

DBHDS

Choking Red Flag Alerts

Red flag alerts are high-risk factors for choking for people with IDD

- Difficult or impaired swallowing (dysphagia)
- Tongue dysfunction
- Missing teeth
- Cleft lip/cleft palate
- High palate
- Facial muscle issues (hypotonia/dystonia)
- Down syndrome
- Prader Willi
- PICA
- Rumination disorder
- Aspiration pneumonia
- Stroke
- Previous choking event

(Manduchi et al., 2021).

Dysphagia

- "Dysphagia" is the medical term for difficulty or impaired swallowing
- It can range from mild discomfort to not being able to swallow at all
- Dysphagia affects someone's ability to move food or liquid from their mouth through the esophagus to their stomach
- Dysphagia is the single greatest choking risk factor in adults
- **People with IDD and dysphagia are at a very high risk of choking**
- Dysphagia gets *worse* as people age and should be monitored by speech-language pathologists (SLPs) every **3-5 years at minimum**
- All other Red Flag Alerts are clues that the person has dysphagia!

(Manduchi et al., 2021).

DBHDS

Signs & Symptoms of Dysphagia

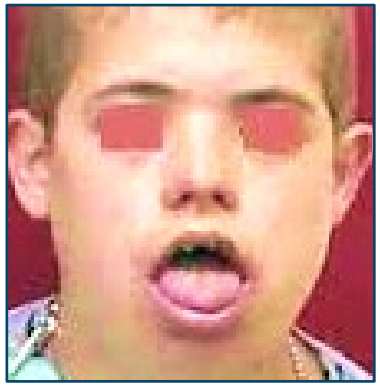
- Choking on food or drink
- Coughing during or after swallowing
- Coughing or vomiting up food
- Having a weak, soft voice
- Aspirating (getting food or liquid into your lungs)

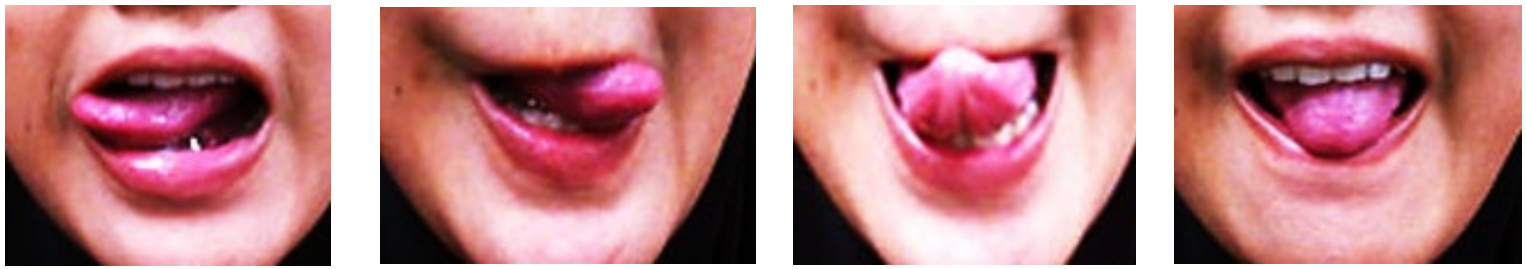
- Excessive saliva or drooling
- Difficulty chewing
- Trouble moving food to the back of your mouth
- Food sticking in your throat

Tongue Dysfunction

- People with tongue dysfunction cannot move or control food in their mouth leading to unchewed food which increases choking risk.

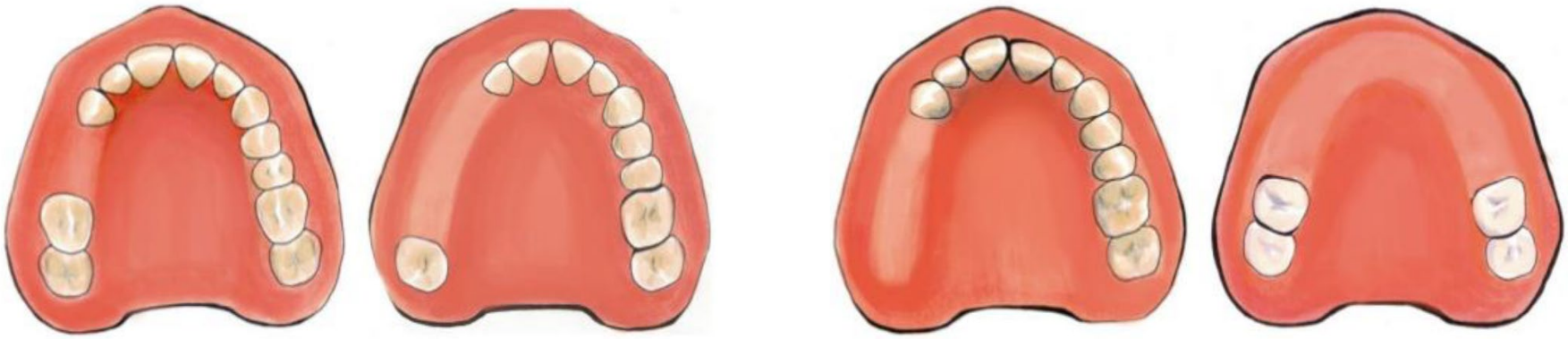
- Tongue dysfunction is a ***visible sign*** of dysphagia!
- Signs & symptoms include:
  - **Inability to lick food from around the mouth.**
  - Food falling out of the mouth
  - **Protruding tongue**
  - Inability to stick tongue out.
  - Poor speech.
  - **Cannot move tongue left , right, up or down as shown below.**





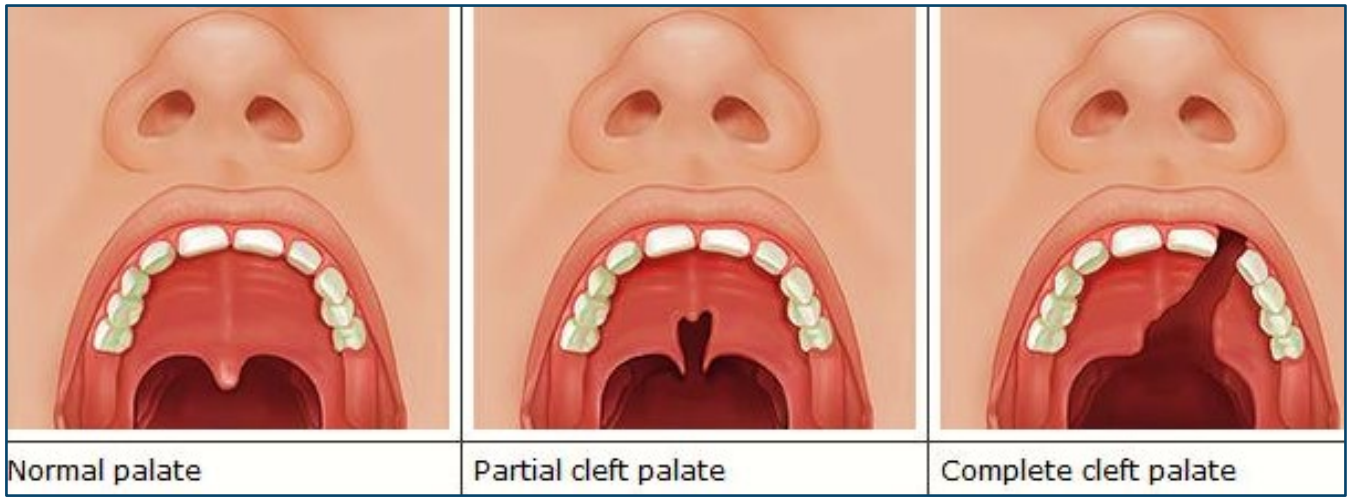
Missing Teeth

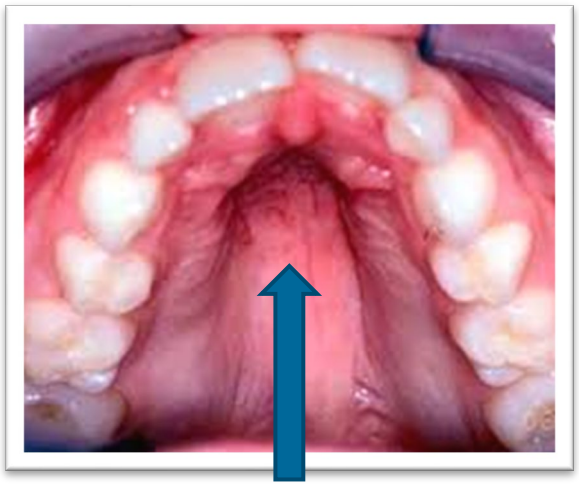
- Loose, decayed, or missing teeth affects someone's ability to chew, grind, chop, and form food into a mass for swallowing
- Missing teeth is another ***visible sign* of dysphagia!**
- **If people have dentures, by default they are missing their natural teeth.**
- Having dentures impacts chewing, grinding, swallowing and oral cavity sensation (in general) and puts someone at higher risk of choking.



Cleft Lip, Cleft Palate, & High Palate

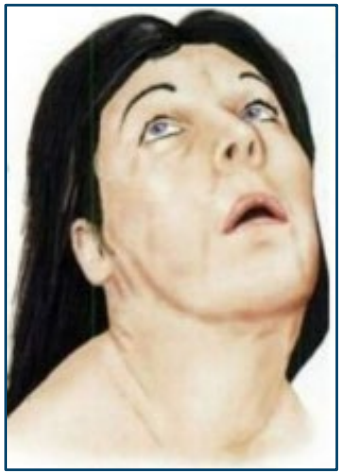
- Cleft lip and cleft palate are mouth abnormalities people are born with (congenital).
- High, narrow palates are seen in many IDD syndromes.
  - Food can become trapped in the palate while eating and can then fall down the throat blocking the airway when the person sits or lies down in bed.
  - Cleft lip, cleft palate, and high palate are more ***visible signs* of dysphagia!**

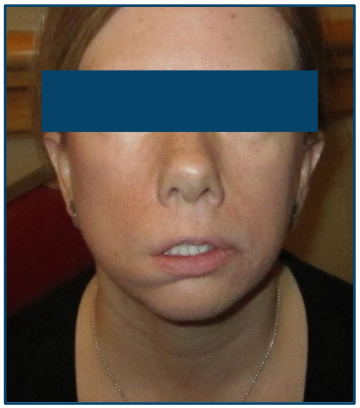



High palate

Facial Hypotonia and Dystonia

- **Weak face muscles (facial hypotonia) and uncontrolled facial movements (facial dystonia) are visible signs of dysphagia.**
- Signs and symptoms include:
  - Weakened jaw and face muscles (facial hypotonia).
  - Repetitive, uncontrolled face and jaw movement (facial dystonia).
  - Uneven or drooping facial expression.
  - Inability to hold the mouth closed.
  - Drooling.
  - Tongue protrusion.
  - Chewing with the mouth open.





Down Syndrome & Prader Willi Syndrome

Down Syndrome

- Small mouth (width)
- Prominent lips
- Short, thick tongue
- Underdeveloped jaw
- Short, thick neck
- Small palate
- Poor muscle tone (hypotonia) in the mouth, face, throat, and neck

Prader Willi Syndrome

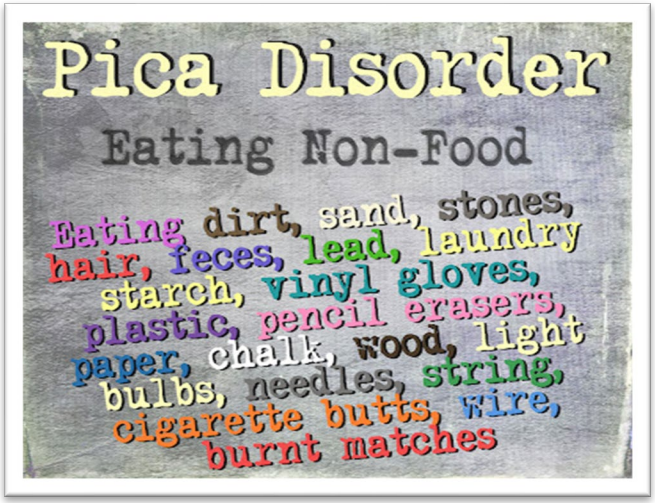
- Poor oral/motor coordination
- Poor gag reflex
- Hypotonia
- Hyper-fixation on food
- Excessive eating (polyphagia)
- Excessive hunger (hyperphagia)
- 6-8% of people with Prader Willi die from choking

(Kumar et al., 2025; Obrynba et al., 2021; Stevenson et al., 2007; Thacker et al., 2008).

PICA & Rumination Disorder

PICA

- Craving non-food items like chalk, clay, laundry detergent, etc.
- Some people with PICA may need to wear a special helmet to keep them safe (physician's order and Human Rights approval needed!)

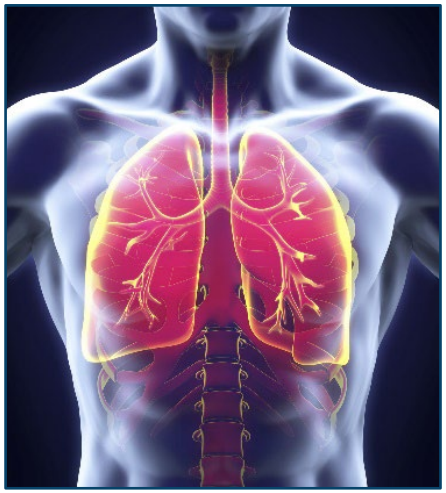


Rumination Disorder (RD)

- Involuntary (but can be voluntary) regurgitation of food from the stomach into the mouth where it is rechewed and re-swallowed
- Signs and symptoms:
  - Regurgitation
  - Spitting out food
  - Malnutrition
  - Weight loss
  - Gagging
  - Tooth decay

Other Medical Conditions

- Aspiration pneumonia & pneumonia
  - Repeated infections from inhaling food, liquid, or saliva into the lungs (aspiration pneumonia) or other infectious sources (pneumonia)
  - People may have “silent aspiration” meaning food, liquid, or saliva is going into the lungs but there are no signs of it (no coughing, etc.)!
- Stroke
  - Dysphagia happens in 40-70% of people who have a stroke
  - 10-30% of people who have a stroke will have long-term dysphagia
- Dehydration (both a symptom and a cause of dysphagia!)
  - Can be a symptom of dysphagia when someone fears they will strangle when trying to swallow liquids.
  - Can cause dry mouth which leads to increased swallowing difficulty.



(Al-Khaled et al., 2016; Marik & Kaplan, 2003; Reber et al., 2019).

History of Choking

People with IDD who die from choking typically have already had at least one previous choking event.

(Manduchi et al., 2021).

Checkpoint!

What are three signs and symptoms of dysphagia you will notice during or after eating and drinking?

What are three Red Flag Alerts that someone has dysphagia?

Other Risk Factors for Choking

Behaviors

- Putting too much food in the mouth with each bite
- Eating and drinking too quickly
- Being distracted while eating and drinking
- Moving around and fidgeting while eating and drinking
- Talking while eating and drinking
- Laughing or playing while eating and drinking
- People with modified diets taking food from someone else's plate
- Isolating behaviors
  - Embarrassment related to eating
  - Eat alone or in bed

(Archambault and Paskay , 2019).

Medications

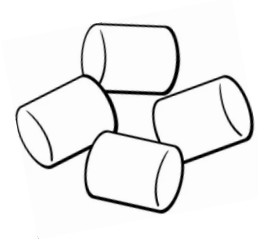
- Some medications affect the muscles used for sipping, chewing, and swallowing
- Other medications can cause dry mouth and make it difficult to swallow
- Report changes in someone's ability to sip, chew, or swallow to their primary care provider (PCP) and their SLP

Medication Class	Side Effect
Antihistamines	May impair swallowing
Antipsychotics	May impair swallowing
Neuroleptics	May impair swallowing
Steroids	May damage the esophagus
Anti-dopaminergic	May impair swallowing
Anti-cholinergic	May Impair swallowing
Antiepileptics	May impair swallowing
Benzodiazepines	May impair swallowing
Narcotics	May impair swallowing
Skeletal Muscle Relaxants	May impair swallowing

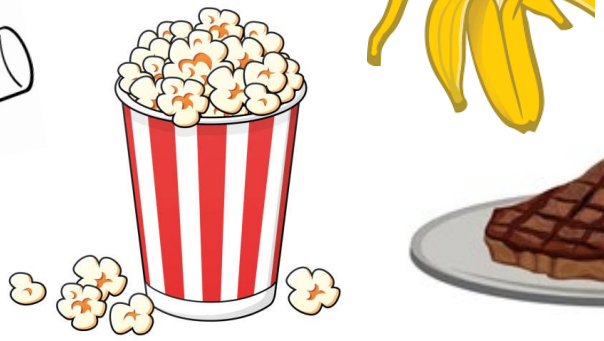
(Robertson et al., 2017; Balzer, 2000).

High-Risk Foods

- Peanut butter/nut butter (creamy or chunky)
- Peanut butter/nut butter on bread
- Hotdogs
- Corn, popcorn
- Bananas
- Nuts
- Marshmallows
- Chicken on the bone
- Hard or sticky candy
- Whole fruits
- Raw veggies



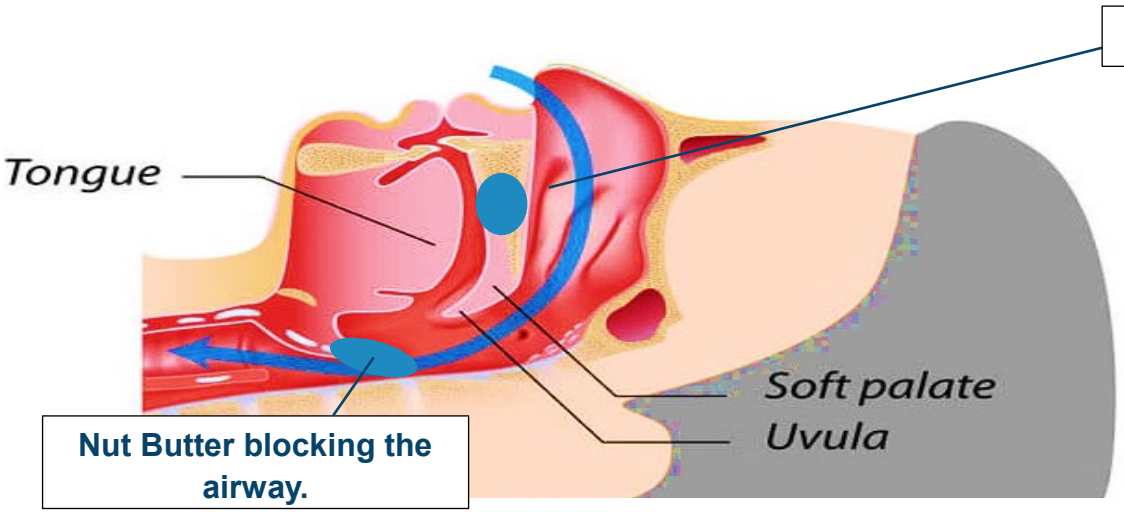
- Thick, chewy bread
- White bread, bagels, pizza
- Dry meats (ground beef served without sauce or gravy)
- Dry, crumbly foods (cornbread or rice service without butter, jelly, sauce, etc.)
- Foods with 2 or more textures (i.e. cereal and milk)
- Olives



(Archambault and Paskay, 2019; Munoz-Núnez et al., 2023).

Nut Butters

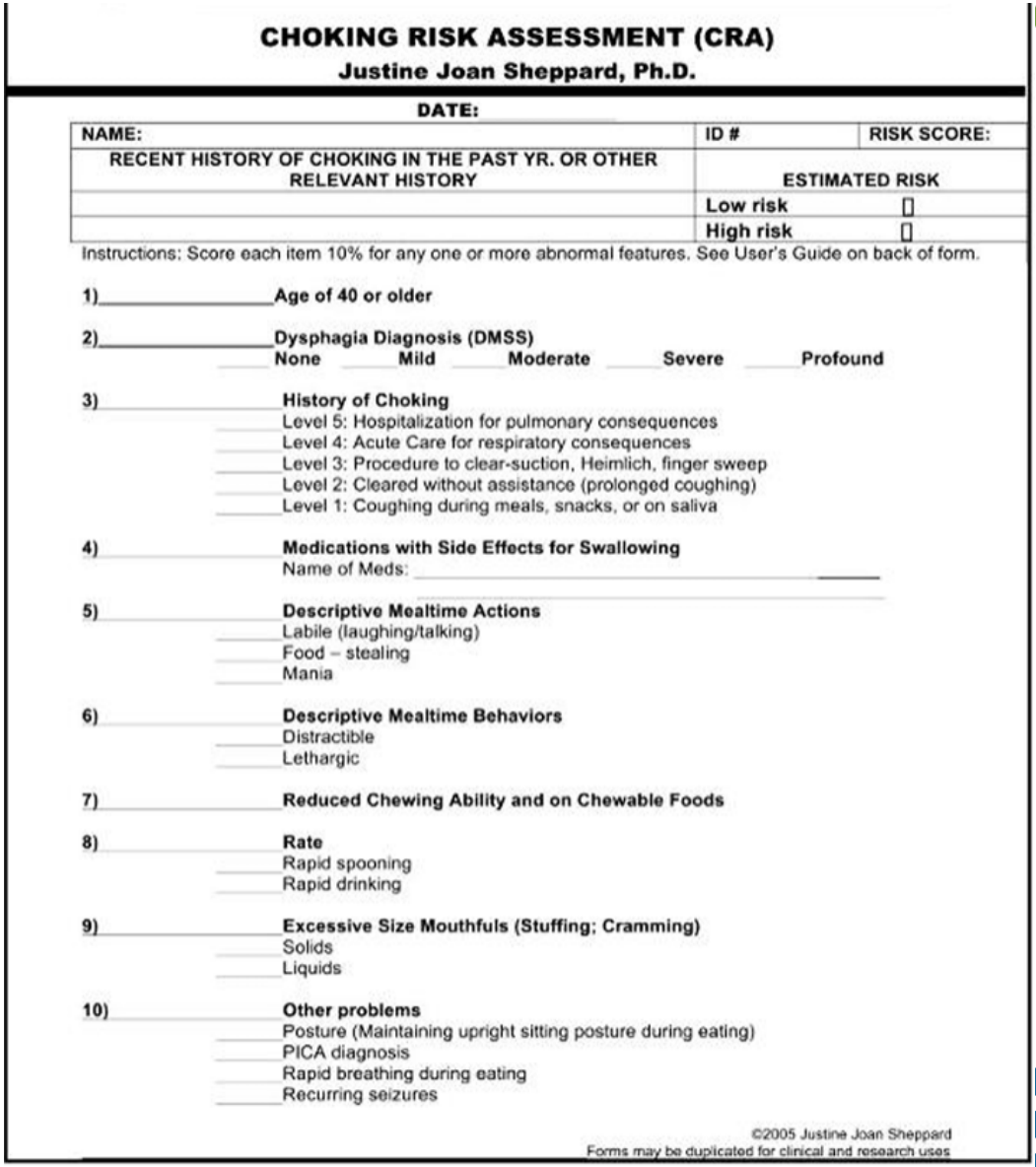
- Peanut butter is one of the most difficult semi-solid foods to swallow requiring more muscle strength and tongue coordination
- When peanut butter combines with bread, it can be very hard to move around the mouth and can get easily stick in the throat
- Nut butters can get stuck on the palate and slip down the back of the mouth blocking the airway while someone sleeps
- **People with IDD *should avoid* eating nut butters**
- **People with modified diets *should avoid* eating high-risk foods**



(Parks, Lee, Yoo, & Nam, 2020).

Choking Risk Assessment Tool

- In addition to recognizing **Red Flag Alerts** and **signs and symptoms of dysphagia,** screening tools can be used to identify people at risk for choking
- One example is the Choking Risk Assessment Tool
- *If signs and symptoms of high-risk factors for choking are observed, or if a screening tool shows that someone is at high risk for choking, seek medical attention!*



CHOKING RISK ASSESSMENT (CRA)

Justine Joan Sheppard, Ph.D.

DATE:

NAME:	ID #	RISK SCORE:
RECENT HISTORY OF CHOKING IN THE PAST YR. OR OTHER RELEVANT HISTORY	ESTIMATED RISK	
	Low risk	☐
	High risk	☐

Instructions: Score each item 10% for any one or more abnormal features. See User's Guide on back of form.

1) _____ **Age of 40 or older**

2) _____ **Dysphagia Diagnosis (DMSS)**
_____ None _____ Mild _____ Moderate _____ Severe _____ Profound

3) _____ **History of Choking**
_____ Level 5: Hospitalization for pulmonary consequences
_____ Level 4: Acute Care for respiratory consequences
_____ Level 3: Procedure to clear-suction, Heimlich, finger sweep
_____ Level 2: Cleared without assistance (prolonged coughing)
_____ Level 1: Coughing during meals, snacks, or on saliva

4) _____ **Medications with Side Effects for Swallowing**
Name of Meds: _____

5) _____ **Descriptive Mealtime Actions**
_____ Labile (laughing/talking)
_____ Food – stealing
_____ Mania

6) _____ **Descriptive Mealtime Behaviors**
_____ Distractible
_____ Lethargic

7) _____ **Reduced Chewing Ability and on Chewable Foods**

8) _____ **Rate**
_____ Rapid spooning
_____ Rapid drinking

9) _____ **Excessive Size Mouthfuls (Stuffing; Cramming)**
_____ Solids
_____ Liquids

10) _____ **Other problems**
_____ Posture (Maintaining upright sitting posture during eating)
_____ PICA diagnosis
_____ Rapid breathing during eating
_____ Recurring seizures

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Forms may be duplicated for clinical and research uses

Cheat sheets provide helpful checklists to prompt follow-up with healthcare professionals!

Choking Risk Cheat Sheet for Caregivers of People with Intellectual and Developmental Disabilities (IDD)

Instructions

Find the health history of the person you support. Use it along with your observations to complete the information below as best you can. Then share your answers with the person's treatment team. **Answering "yes" to any of the questions below means the person is at risk for choking and should be evaluated by a speech-language pathologist (SLP) as soon as possible.**

If you have questions about how to use this information, please email communitynursing@dbhds.virginia.gov.

Name and date of birth

Does the person have any of the following?	Yes	No	Unsure	Comments
Signs or symptoms of difficulty or impaired swallowing (dysphagia) such as coughing when eating/drinking or coughing after eating/drinking				
Diagnosis of dysphagia				
Tongue dysfunction (inability to move tongue up, down, left, right)				
Missing teeth				
Cleft lip or cleft palate (a split or opening in the lip or palate)				
High or narrowed palate (or any difference from a normal palate)				
Facial hypotonia/dystonia (slack mouth, drooling, mouth open, etc.)				
Diagnosis of Down Syndrome				
Diagnosis of Prader Willi				
PICA (history of eating non-food items or objects)				
Rumination disorder (regurgitating food in mouth)				
History of stroke				
History of dehydration *of unknown reason* in the past year (not related to vomiting or illness)				
History of hospitalization due to aspiration pneumonia or any pneumonia in the past two years				
Any choking event in the past two years				
A modified texture diet (pureed, minced and moist, soft chopped, etc.) or thickened liquids				

Date of the most recent evaluation by a speech-language pathologist (SLP) _____

If the person is on a modified diet, they should be evaluated by a SLP **at least every three years.**

Date of completion: _____

Name of person completing this form: _____

Checkpoint!

What are five foods that increase choking risk?

DBHDS

Help from Healthcare Professionals

Reporting Your Observations

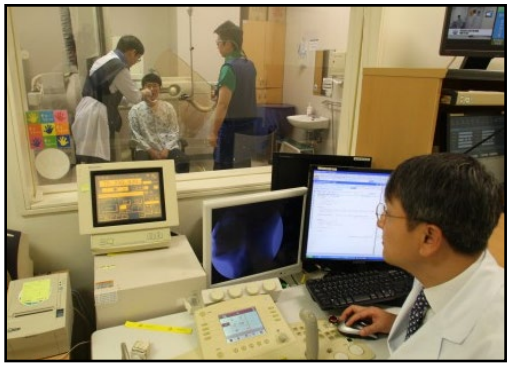
For any **Red Flag Alert**, caregivers should assist the person to:

- Request a visit to the primary care provider (PCP) **as soon as possible** to discuss the high-risk factor and request a referral to a speech-language pathologist (SLP)
- Schedule an appointment with the SLP **as soon as possible** and assist the person to completed any ordered tests (swallow study)
- Follow-up with physical therapists (PTs) and/or occupational therapists (OTs) to assess the person's positioning and/or special equipment during mealtimes
- Follow-up with board certified behavioral analysts to assist with mealtime behaviors

(Manduchi et al., 2021).

Speech-Language Pathologists (SLPs)

- Review of medical records and interviews with the person and their care team
- Assessment of the face, jaw, lips, tongue, hard and soft palate, oral pharynx, oral mucosa, oral/facial muscles, and ability to swallow in various positions (sitting, standing, head tilted, etc.).
- Observation of head-neck control, posture, oral reflexes, and involuntary movements
- The SLP may order tests like a video fluoroscopic swallow study (VFSS) (modified barium swallow, esophoria, or cookie swallow) to view what happens (via x-ray) as someone swallows
- Ongoing SLP care and monitoring is important to ensure changes are addressed as the person ages or their risk factors change



(American Speech-Language-Hearing Association, n.d.-a; Chilukuri et al., 2018)

Diet Modification Orders

- After the assessment, the SLP will make recommendations to the PCP who writes the diet modification orders
- For safety, all providers are required to follow the PCP's orders for diet modifications, positioning, and the use of special equipment during mealtimes
- **NEVER IMPLEMENT A MODIFIED DIET WITHOUT THE CONSULTATION OF A SLP AND PCP ORDERS**
- The American Speech-Language-Hearing Association adopted the **International Dysphagia Diet Standardization Initiative (IDDSI)** as the gold standard for modified texture diets

(American Speech-Language-Hearing Association, n.d.-a; Chilukuri et al., 2018)

IDDSI Framework

- IDDSI uses common language to describe food textures and drink thicknesses
- IDDSI makes it easy for caregivers to prepare modified food and liquids ensuring the correct texture and thickness
- **Common diet modifications include pureed, minced and moist, and soft and bite-sized**
- IDDSI offers videos and free resources for each level of the framework

(IDDSI Framework and Descriptors 2.0, 2019)

Thickened Liquids

Nectar or syrup thick

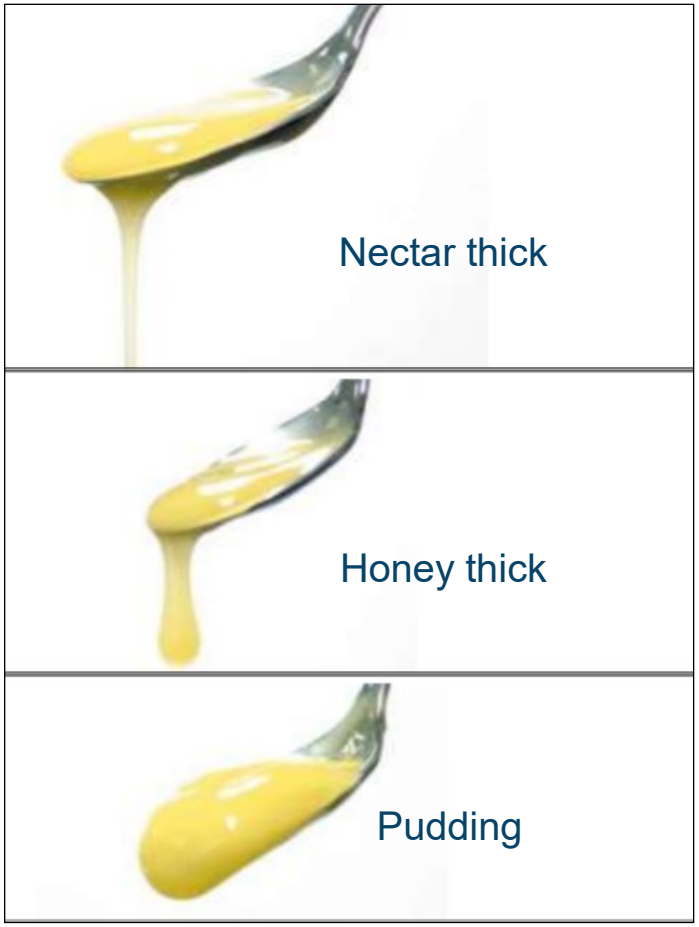
- Tomato juice consistency
- Liquid runs freely off the spoon but leaves a coating

Honey or custard thick

- Liquid can be poured but are very slow
- Slowly drips in dollops or blobs off the spoon

Pudding thick

- Liquids are spoonable, but when the spoon is upright, the liquid will not stay
- Sits on the spoon and does not flow off



Checkpoint!

Name two parts of a SLP assessment.

What is one swallow test an SLP may order

Name this Modified Texture Diet!

Name this Modified Texture Diet!

Name this Modified Texture Diet!

Break

(10 minutes)

DBHDS

Caregiver Actions

Protocols

- One outcome of treatment team (individual, caregivers, PCP, SLP, PT, OT, BCBA, etc.) collaboration is the development of a person-centered protocol to support someone during mealtime
- Protocol examples include:
  - Precautions for PICA
  - Line of sight and verbal reminders during meals (“one bite at a time”)
  - Techniques for safe eating (special equipment)
  - Modified diet textures
  - Aspiration precautions (positioning)
  - Hands-on assistance from staff
- When caregivers follow protocols, the person receives consistent and person-centered care

Protocols and Dignity of Risk

- It is critical to **respect the person's autonomy** and desire to live their life as they choose instead of prioritizing the avoidance of all potential risks
- All health-related protocols **must meet human rights guidelines and require signed approval from a healthcare professional**
- **Denying someone access to certain foods and drinks violates their rights** and requires a plan and approval from the local human rights committee (LHRC)
- If you have questions about dignity of risk or human rights, contact a DBHDS Human Rights Advocate!

Reducing Choking Risk

DO

- Encourage the person to sit up straight while eating
- Encourage the person to sit up for at least 30 minutes after eating and drinking
- Provide meals as ordered by the healthcare provider
- Be familiar with the person's protocol and person-centered plan
- Stay current on first aid and CPR training

DON'T

- Rush meals
- Plan other activities during meals
- Provide food/liquids that are difficult for someone to swallow
- Start mealtime if someone is sleepy, angry, anxious, upset, or unable to sit still
- Provide food/liquids that someone just choked on!

Be Prepared to Respond to Choking

- Current certification in first aid and cardiopulmonary resuscitation (CPR)
- Practice emergency drills to increase muscle memory during a choking emergency
- All caregivers should be prepared to respond to a choking emergency on **day one** of providing support to the person
- Display posters with emergency response instructions in areas where caregivers can see them

(Mayo Clinic, 2017; Popov & Reder, 2017)

Recognize Signs and Symptoms of Choking

- Weak or no cough
- High-pitched squeaking noises or no sound
- Pale or blue skin color
- Unable to cough, speak, or cry
- Panicked, confused, or surprised appearance
- Holding throat with hands

(American Red Cross Training Services, n.d.)

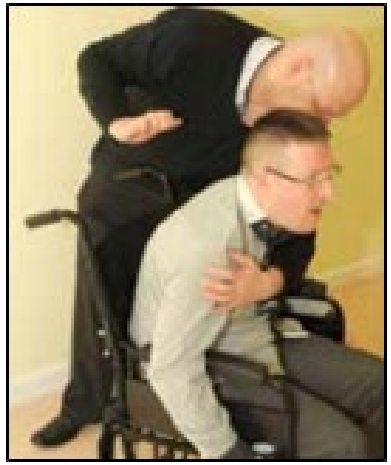
Universal Sign for Choking

- Teach people the universal sign for choking to the best of their ability
- If someone is unable to physically or cognitively perform the universal sign for choking, speak with a PT, OT, or speech therapist about alternate communication methods and devices

(Mayo Clinic, 2017).

First Aid for Choking

- Position yourself to the side and slightly behind the choking person (*lock the brakes if the person is in a wheelchair!*)
- Give 5 back blows
- Give 5 abdominal thrusts (or chest thrusts)
- Continue giving 5 back blows and 5 abdominal thrusts until they can cough, cry, or speak OR they become unresponsive
- If they become unresponsive, lower them to a firm, flat surface, and begin CPR starting with chest compressions
- After each set of compressions and before attempting breaths:
  - Open the person's mouth
  - Look for an object
  - If you see an object, remove it with your finger. NEVER do a finger sweep unless you see an object



Remember to follow agency training! These instructions are not meant to take the place of in-person training!

(American Red Cross Training Services, n.d.; American Red Cross Training Services, 2021; A.I.D., 2015)

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Putting it All Together

Choking Case Study

Hailey is 22 years old and is diagnosed with mild intellectual disabilities, Prader Willi Syndrome, and obesity. She has a history of several tooth extractions due to poor oral hygiene when she was younger. Hailey does not have a history of choking, and other than putting too much food in her mouth and eating quickly sometimes, no one knows Hailey to have difficulty with chewing and swallowing.

She is eating lunch with her housemates in her group home, and you are sitting at the dining room table with everyone. Lunch today consists of peanut butter and jelly sandwiches on white bread, veggie straws, apple slices, and carrot sticks.

What **Red Flag Alerts** do you notice in this situation?

Hailey has ID, Prader Willi, and missing teeth.

Which foods are high risk for choking?

Peanut butter, white bread, carrot sticks (maybe apples).

Choking Case Study

Hailey's person-centered plan states that staff should support Hailey during mealtime by reminding her to take small bites, chew, and swallow before taking the next bite. Everyone is going to see a movie this afternoon, and you notice Hailey is taking large bites of her sandwich immediately followed by apple slices and carrot sticks. You reassure Hailey that there is plenty of time to eat before going to the movie and remind her to take small bites of her sandwich and chew and swallow before taking another bite.

What risky eating behaviors are Hailey engaging in?

Taking large bites, eating quickly, and feeling rushed.

What did you do to support her? How did you know to do it?

Reassured her it was not necessary to rush and reminded her to take small bites and slow down because it was in her plan for supports.

Choking Case Study

Hailey nods her head and then suddenly coughs. Her face turns red, and you see that she is trying to cough, but now she can't. You ask her if she's OK, and she can't answer you. She looks panicked.

What should you do?

Yell for help from your coworker and tell them to call 911.

Confirm signs and symptoms of choking (weak or **no cough**; high-pitched squeaking noises or **no sound**; pale or blue skin color; **unable to cough, speak**, or cry; **panicked**, confused, or surprised appearance; holding throat with hands).

Immediately begin caring for choking according to your first aid training.

Choking Case Study

After 5 back blows, you see she is still choking. When you go to give her abdominal thrusts, your arms will not reach around her waist above her navel, so you move your arms higher like you learned in first aid training and begin to give Hailey chest thrusts. After the third thrust, you hear Hailey cough, and a wad of peanut butter sandwich falls from her mouth. You help Hailey to sit down, and she reaches for her plate.

What should you do?

Assist Hailey to sit in the living room or clear the table while explaining to her that it's not safe to eat and drink right now since she just choked.

Emergency medical services (EMS) arrive at the home and check on Hailey. They do not feel she needs to go to the Emergency Department (ED) at this time. They recommend she wait an hour before having anything else to eat or drink.

What should you do next?

Notify your supervisor and document the choking event according to your agency policies.

Choking Case Study

Your supervisor notified Hailey's legal guardian (her mother) and the support coordinator and scheduled an appointment for Hailey to see her PCP in two days.

What can you do to support Hailey during mealtimes and reduce her risk of choking during the next two days?

Explain to Hailey why it's important to avoid eating peanut butter sandwiches and raw vegetables until she sees her doctor. Help her find other options and continue to sit with her during meals, reminding her to slow down and take small bites.

Your supervisor asks you to take Hailey to the PCP appointment and ask for a referral to an SLP.

What do you expect the SLP to do?

Complete a swallowing evaluation which may involve tests like a barium swallow study and make recommendations for diet modifications to the PCP.

Choking Case Study

Based on the results of the swallow study, the SLP recommends a soft, bite-sized diet modification (IDDSI Level 6) for Hailey which the PCP orders. During the treatment team meeting to update the plan with the support coordinator, Hailey, her mom (legal guardian), and your supervisor, Hailey tells everyone that she doesn't want to have her food chopped up "like a baby."

Are there ways to respect Hailey's autonomy while promoting her safety?

Explore and validate Hailey's feelings about modified texture diets.

Present it as an opportunity for Hailey to become more independent by learning to cut up her food and make it taste even better by adding sauces or condiments to it.

Hailey and her mom decide they want to follow the PCP's orders for the soft, bite-sized diet modification, and they want staff to support Hailey by reminding her to cut up her food and add sauces and condiments to it before eating. Staff will continue to sit with Hailey while she eats and provide reminders to take small bites, chew, and swallow before taking another bite.

When Hailey goes out to eat with her housemates or goes to her church potlucks, staff will assist her to identify food that meets her diet modification orders, but Hailey and her mother agree that if she becomes embarrassed or does not want to follow the diet modifications orders while eating out, she does not have to.

Based on this meeting, the nurse develops the following mealtime protocol, it is signed by the PCP, and included in the person-centered plan:

Mealtime Protocol for Hailey X (DOB)

Diagnosis: Prader Willi, obesity, mild ID, dysphagia, history of choking

Description: When Hailey choked on a peanut butter sandwich, her face turned red, and she looked panicked.

Supports:

- Staff will sit with Hailey from the beginning to the end of the meal. Staff must be certified in first aid and CPR and must participate in choking practice drills
- Staff will assist Hailey with verbal prompts or physical help to cut up her food and ensure it is moistened according to her diet orders. Staff will assist Hailey to avoid foods that are high risk for choking.
- Staff will assist Hailey to identify foods that meet her diet modification orders while eating out. If she refuses to follow the orders while eating out, staff will prompt her one time. If she continues to refuse, staff will sit with her while she eats and monitor for choking.
- Staff will provide verbal reminders to take small bites, chew, and swallow before taking another bite.

Medical attention:

- If Hailey is choking, staff will tell someone to call 911 and will provide first aid for choking until the airway is clear or she becomes unresponsive.
- If Hailey becomes unresponsive, lower her to the ground and begin chest compressions. Continue CPR until EMS arrives, or Hailey can breathe and is responsive at which time she can be placed in the recovery position. If an object is seen in her mouth, it can be removed with a finger sweep.

Dr. Smith May 29, 2025

Choking Case Study

What follow-up actions can you take to support Hailey in safe eating?

Assist her to her PCP appointments, monitor and immediately report changes noticed while Hailey is eating, assist her to her SLP appointments, teach her the universal sign for choking…

DBHDS Resources

OIH Scavenger Hunt!

- What are the topics of the April 2023 and May 2023 Health & Safety Alerts?
- What are the topics of the April 2023 and May 2023 Newsletters?
- Name five **Educational Resources** related to **Choking** on the OIH website.
- What is the contact email for the **Community Nursing Team**?

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Questions?

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Thank you!!

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