

Case Study #1 Activity

Case Study #1

James is a 60-year-old male diagnosed with moderate developmental disabilities (DD). He is missing most of his upper and lower teeth. As a child he had a cleft lip repaired. He has a closed, very high palate, as well as structural abnormalities of his jaw with uncontrollable muscle movements in his face (dystonia). He eats a normal diet and does not have diet modifications. He has never been to a speech-language pathologist (SLP) or had a swallow study. Staff working with James have not had any training on choking risk factors.

On July 4th, James was eating lunch at his day program's BBQ picnic. Lunch consisted of a hot dog on a bun, potato chips, macaroni salad, and potato salad. He was sitting at the picnic table talking and laughing with his friends, taking large bites of his food very quickly barely pausing to swallow in between bites.

Suddenly, James stood up flapping his arms. His eyes were watering, he had a funny panicky look on his face, and he was drooling out of the side of his mouth.

The direct support professional (DSP) nearest to James was stooped down tying Billy's shoe. Without looking up, she told James to sit back down. James sat back down. His mouth was open, he wasn't talking, and his eyes were still watering.

After several more seconds, another DSP noticed James' lips were turning blue.

1. "Red Flag" risks are risks which **always indicate** a Speech-Language Pathologist (SLP) referral is needed. What are the "Red Flag" risks in the above scenario?
2. What other factors increase choking risk or contribute to the possibility of a poor outcome in the above case scenario?
3. What professional evaluations would/could be recommended?
4. What steps should staff take next to respond to the choking emergency?
5. What interventions might be put in place to keep James safe, reduce choking risk, and lessen the risk of a fatal choking event?
6. What resources does DBHDS offer to help lower choking risk for individuals?

Case Study #2 Activity

Case Study #2

Barbara is 35 years old and has a diagnosis of Down Syndrome. She has a history of dysphagia, rumination disorder, and chronic dehydration due to medication side effects. Barbara is on a normal diet.

Barbara was in the recliner in her room alone, watching a movie, and eating popcorn. The door to her room was open, but the only light was from the television so she could see the movie better. She had ruminated some of the popcorn and continued to stuff more popcorn into her mouth. Staff was busy taking care of laundry and other household chores.

Barbara took another handful of popcorn, put it in her mouth, and attempted to swallow it. Since her mouth was dry, the popcorn became stuck in her throat. Barbara could not speak or call out for help. Her lips started turning blue as she grabbed at her throat and fell unconscious, which wasn't noticed by others because the lights were turned down low.

Staff came into Barbara's room to drop off her laundry and found Barbara unconscious with a mouthful of popcorn.

1. "Red Flag" risks are those which **always indicate** a Speech-Language Pathologist (SLP) referral is needed. What are the "Red Flag" risks in the above scenario?
2. What other choking risks in the above case scenario can you identify?
3. What professional evaluations would/could be recommended?
4. What steps should the staff take next to respond to the choking emergency?
5. What interventions might be put in place to keep this individual safe and reduce choking risk?
6. What resources does DBHDS offer to help lower choking risk for individuals?

Case Study #3 Activity

Case Study #3

Bobby is 50 years old with a diagnosis of Prader Willi, PICA, and wandering. He had a previous choking event 3 months ago. Bobby has a normal diet.

Bobby was at his day program wandering around looking for something to put into his mouth. Staff were engaged in a group activity with other individuals which Bobby was not participating in. Bobby went to the bathroom to use the restroom and started eating the toilet tissue unobserved.

Staff interrupted Bobby and removed the toilet tissue from his mouth as he was attempting to swallow it. About that time, everyone was called into the lunchroom for lunch. Day Program staff thought they had gotten all the toilet tissue from Bobby's mouth when they escorted him to the lunchroom.

Group home staff packed Bobby a peanut butter and jelly sandwich on white bread for his lunch. Bobby quickly unwrapped the sandwich and stuffed it into his mouth. When staff realized what Bobby had done with the sandwich, they attempted to take it away from him.

Staff successfully removed most of the sandwich from his mouth but did not realize some of it was still in his mouth. Bobby ran away from staff, and when he attempted to swallow, the sandwich lodged in his throat in front of the toilet paper he had swallowed earlier.

Bobby's face began to turn red, and he began forcefully coughing, at which time the staff realized he was choking.

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Case Study #4 Activity

Case Study #4

Debbie is 65 years old and is diagnosed with a narrowed esophagus which has led to repeated bouts of aspiration pneumonia. She does not walk and uses a folding transportation-type wheelchair which does not provide any trunk support. Last month, she had a stroke resulting in severe tongue dysfunction and involuntary muscle contractions (dystonia) on the left-side of her face. Debbie has a normal diet.

Debbie was with staff on a community outing. They were running short on time and feeling rushed. Snack time consisted of grapes, nuts, and cheese cubes. Staff told Debbie she only had five minutes left to eat. Debbie felt rushed and ate quickly.

Staff didn't notice small pieces of food falling out of Debbie's mouth; a sign that she was struggling to control the food in her mouth. Staff became distracted with a phone call from Debbie's mother. When staff looked away, a whole grape slipped down Debbie's throat.

Staff heard a high-pitched noise and turned around quickly to observe Debbie panicking and grabbing at her throat.

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Case Study #5 Activity

Case Study #5

You are a program manager in a group home, where a 45-year-old male named Chris resides. Chris has Prader Willi and mild intellectual disability (ID). Chris has boundless energy and is a joy to be around. Chris is a big talker and at dinner he likes to tell everyone about all of the things he has done throughout the day. Chris wiggles and talks and is very animated, even while eating, which may have contributed to a few choking incidents in the past.

Chris also has some missing teeth due to dental extractions and will occasionally eat too fast, with minimal chewing. He is easily distracted from what he is doing, and he also sometimes stuffs food in his mouth. He has diet modification orders that his food should be soft and cut up in bite size pieces.

Chris has had several choking episodes over the last several years. Luckily, abdominal thrusts have always worked well, and staff have become experts at doing them. Chris has a list of foods that he should not be offered or have on his plate which seasoned staff are well aware of.

1. Which of the following actions would NOT be on the choking protocol for Chris?
 - a. Show the individual with IDD and DSP the universal sign for choking and have them redemonstrate, when possible.
 - b. Help the individual to focus more on eating and less on talking and moving around.
 - c. Encourage the individual to be completely alone in their room during mealtimes to avoid distraction
 - d. Remind the individual to slow down, take smaller bites, and chew the food thoroughly before swallowing.

The nurse reminded Chris and the staff that he is scheduled to see the Speech Language Pathologist (SLP) for a swallow study next week. There is a new staff member that wants to know what a Speech Language Pathologist does.

2. All of the following information about what Speech Language Pathologists do is correct except for:
 - a. Evaluate the individual's bilingual skills
 - b. Perform an assessment of the mouth for any structural anomalies.
 - c. Observe for behaviors that increase the risk of choking.
 - d. Recommend diet modifications for the mealtime protocol.
 - e. Perform a swallow study to assess for dysphagia.

After seeing the SLP, Chris's diet for soft bite size pieces was not changed. The SLP provided an additional list of high risk choke foods Chris should avoid and asked that staff be trained on the new modifications to his diet. To make sure the staff understand which foods Chris should avoid, you ask the staff to select the right meal for Chris.

3. Which of the following meals is a safe choice for Chris?
 - a. Hot dogs with mustard, French fries, and popcorn.
 - b. Peanut butter and jelly sandwich, grapes, and potato chips.

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- c. Salad with nuts, well-done steak, and raw broccoli.
 - d. Scrambled eggs, yogurt, and oatmeal
 - e. Nachos, beans, and rice.
4. The person orienting the new staff member asks her what increases a person's risk for choking. Which of the following options is the correct response?
 - a. Being a fast talker
 - b. Requires prescription glasses
 - c. Has had teeth extraced
 - d. Does not like cats
 - e. Has curly hair
5. The new staff member says she doesn't know what types of disorders cause difficulty eating, swallowing, and choking episodes. Which of the following responses are correct? (*Select all that apply*)
 - a. Someone with Down Syndrome
 - b. Middle aged single males
 - c. People with intellectual and/or developmental disabilities
 - d. Someone with Prader Willi syndrome
6. As program manager, you decide to make some changes to the protocols to help reduce the number of choking incidents. Select the options below that you believe will be most helpful to the staff (*Select all that apply*).
 - a. Each time there is a choking incident the DSP or nurse caring for the individual must pay a \$100 fine to the provider.
 - b. Every 6 months have each staff member review and sign a copy of Conscious Choking by the American Red Cross and put the poster on display where it is easily visible to everyone
 - c. Host a mandatory in-service for staff every 6 months to review and demonstrate first aid interventions for choking
 - d. Share with staff a list of foods which increase risk of choking and should be avoided
 - e. Assign a staff member to sit at the table and observe individuals during mealtimes
7. You ask a RNCC from DBHDS Office of Integrated Health to hold a training session about choking for the staff at this group home. Which of the following would you expect to be included in the training?
 - a. Once the individual displays signs of choking, check to see if there is an order for the Heimlich maneuver before performing abdominal thrusts. If there isn't an order you must abstain from intervening until you can get an order from the physician or health care provider.
 - b. When someone is choking, try to find the object and pull it out of their airway using your fingers, utensils, or whatever you can find.

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- c. Instruct the DSP to memorize specific dietary modifications and requirements for each individual under their care.
- d. Review signs of choking and potential risk factors

After the DBHDS OIH training session on Choking is finished, you want to ensure all of your staff can identify the signs of someone choking. You also want your staff to know what kinds of complications can happen if they are unable to identify someone choking.

8. You ask the staff to look at the following choices and identify which one is NOT a possible sign of choking.

- a. Grabbing their throat
- b. Shortness of breath and coughing
- c. Excessive laughing
- d. Change in speech or unable to speak
- e. Drooling and turning pale, gray, or cyanotic (blue-ish)

9. Next you ask the staff to identify the options that ARE possible complications of choking. Select the correct option(s) below (*Select all the apply*):

- ☒ a. Death
- b. Aspiration (breathing foreign objects such as food into the lungs)
- c. Hirsutism (excessive hair growth)
- d. Pneumonia
- e. Brain damage due to hypoxia (lack of oxygen to the tissue)

10. If choking episodes continue to be a problem at this group home, where can you go for information to help decrease choking incidents?

- a. Call 911 for advice
- b. Contact the Office of Integrated Health to speak to a RNCC
- c. Go online to the COVLC website to view the available free trainings on choking, dysphagia, and aspiration
- d. Do nothing.

Case Study #6 Activity

Case Study #6

Susan, a DSP at Happy Days Group Home, is preparing lunch for Tommy, one of the people living at Happy Days. Tommy tells Susan, "I am not a baby, don't cut up my grapes!" Susan knows that Tommy is on a soft, chopped diet and doesn't have many teeth left and the ones he has aren't in good shape. Susan isn't really sure what she is supposed to do and is tired of arguing. Susan doesn't cut up the grapes or the baby carrots, and she gives Tommy the peanut butter and jelly sandwich on white bread that he wanted. Susan is unaware that Tommy has choked on a peanut butter sandwich in the past.

Tommy sits alone at the dining table because his roommates are at the day program, and he prefers to go out with his companion a couple of times per week instead of going to the day program. Otherwise, Tommy eats meals and snacks with his roommates. He is known for taking big bites of food, eating too fast, putting too much food in his mouth, and being distracted while eating.

Susan is a *new employee* and has not reviewed Tommy's PCP-signed protocol for safe eating. The protocol states that staff should sit with Tommy while he eats, and it has examples of verbal prompts to help him slow down, chew thoroughly, take small bites, and remember to take drinks between bites. Susan has never witnessed anyone actively choking, nor has she ever responded to anyone who is choking.

Susan is cleaning up in the kitchen as Tommy eats his lunch watching a TV show on his iPad. The only other staff member in the home is Pam, the group home manager, and she is preparing the menu for next week. Susan can hear Tommy laughing loudly. Suddenly, the laughter stops, and she hears a strange whistling sound she doesn't recognize.

Susan looks over her shoulder and sees that Tommy has stopped eating and is standing up with a panicked look on his face. Tommy has his hands around the base of his throat. He is coughing and sticking his fingers in his mouth. His eyes are watering, but he cannot speak. Tommy sticks his tongue out and points to his throat. Susan stands there for 15 to 20 seconds just looking at Tommy, trying to think what to do next, because she isn't sure why he is pointing at his throat.

Susan then notices Tommy is no longer coughing and appears to be having a difficult time just standing up. He backs into a chair and slumps into it. Susan yells loudly for Pam to come help.

As Pam comes around the corner, Susan tells her to call 911. Tommy's mouth and lips are blue, and he is less alert. His body goes limp, and he slumps backward in the chair unconscious. Pam and Susan lower him to the ground while on the phone with 911. They confirm he is not breathing, and they begin CPR starting with chest compressions.

Please choose the correct answers below.

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1. What high risk food was Tommy eating?
 - a. Carrots
 - b. Grapes
 - c. Peanut butter
 - d. White bread.
 - a. All of the above

2. Which of Tommy's habits and behaviors likely increase his overall choking risk?
 - a. He often takes big bites of food.
 - b. He often eats too fast.
 - c. He is easily distracted.
 - d. He frequently puts too much food in his mouth.
 - e. All of the above.

3. What risk factors contributed to the choking event?
 - a. Tommy eats lunch alone when his housemates are at the day program.
 - b. Susan did not complete her training on Tommy's mealtime protocol before caring for him.
 - c. Susan is unaware that Tommy has choked previously while eating peanut butter.
 - d. All of the above.

4. What physical actions and facial gestures did Tommy use to try to let Susan know he was choking?
 - a. He stood up.
 - b. He had a look of panic on his face.
 - c. He pointed to his throat.
 - d. He stuck his fingers in his mouth.
 - e. He stuck his tongue out.
 - f. He coughed.
 - g. He put his hands to his throat.
 - h. All of the above.

5. What physical/anatomical characteristics does Tommy have that may increase his choking risk?
 - a. He is missing numerous teeth.
 - b. His teeth are not in good shape.
 - c. He has a small mouth.
 - d. All of the above.
 - e. A and B.

6. What other physical/anatomical characteristics would put Tommy at an even higher choking risk if he had them?
 - a. Having a cleft palate.
 - b. Having a wide mouth.

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- c. Having no teeth.
- d. Having tongue dysfunction.
- e. Having a small mouth.
- f. All of the above.
- g. None of the above
- h. A,C & D.
- i. B & E

7. As Tommy continued to choke, what signs and symptoms suggested a lack of oxygen?
 - a. His lips and mouth turned blue.
 - b. He was less alert (weak, dizzy, confused, etc.)
 - c. He lost consciousness.
 - d. His body went limp.
 - e. He was too weak to cough.
 - f. All of the above.
8. A history of a previous choking event puts Tommy in an extremely high-risk choking category.
 - a. True
 - b. False
9. What other health-related diagnoses would put Tommy at an even higher risk for choking?
 - a. Being over age 65.
 - b. A diagnosis of dysphasia.
 - c. A diagnosis of Prader Willi.
 - d. A diagnosis of Down Syndrome.
 - e. Having a cleft lip.
 - f. A diagnosis of Rumination Disorder.
 - g. All of the above
 - h. C and D.