



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER:

DEPARTMENT: *Nursing*

SUBJECT: *Choking*

APPROVAL DATE:

REVISION DATE: April 2004; March 2015

REVIEW DATE: July 2016; September 2017; October 2019; Dec. 2020; March 2022

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Choking

The cause of choking is when a foreign body, such as a piece of food or a small object which was in the mouth gets inhaled into the airway and lodges there. It can partially or completely block air flow in and out of the lungs. A built-in reflex usually results in violent coughing and gagging. When this happens, the person is able to cough the object out and begin breathing. In some cases the object becomes firmly lodged near the opening of the vocal cords, which is the only path from the mouth and nose to the lungs. In this case, it may be impossible for the person to breathe in and consciousness will be lost within a few seconds, with cardiac arrest only minutes away.

Heimlich Maneuver

The Heimlich maneuver (sub-diaphragmatic abdominal thrusts) is performed on responsive victims with either a partially obstructed airway with poor air exchange or a totally obstructed airway. Chest thrusts are to be used in a markedly obese or obviously pregnant victim. This is performed only by registered staff that have been trained.

Immediately do the following when a resident is choking:

Assess for adequacy of air exchange

Early recognition of airway obstruction is the key to a successful outcome. It is important to distinguish this emergency from fainting, stroke, heart attack, seizure, drug overdose, or other conditions that may cause sudden respiratory distress but require different treatment.

Foreign bodies may cause a range of symptoms from mild to severe airway obstruction.

Mild Airway Obstruction

Signs:

- Good air exchange
- Can cough forcefully
- May wheeze between coughs

Rescuer Actions:

- As long as good air exchange continues, encourage the victim to continue spontaneous coughing and breathing efforts
- Do not interfere with the victim's own attempts to expel the foreign body, but stay with the victim and monitor his/her condition



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- If mild airway obstruction persists, activate the emergency response system

Severe airway obstruction

Signs:

- Poor or no air exchange
- Weak, ineffective cough or no cough at all
- High-pitched noise while inhaling or no noise at all
- Increased respiratory difficulty
- Possible cyanosis (turning blue)
- Unable to speak
- Clutching the neck with the thumb and fingers, making the universal choking sign

Rescuer Actions:

- Ask the victim if he/she is choking. If the victim nods yes and cannot talk, severe airway obstruction is present and you must try to relieve the obstruction.
- Use abdominal thrusts (the Heimlich maneuver) to relieve choking in a responsive victim.
- Give each individual thrust with the intent of relieving the obstruction.
- It may be necessary to repeat the thrust several times to clear the airway.

Abdominal Thrusts (Heimlich maneuver) procedure:

1. Stand or kneel behind victim and wrap arms around victim's waist.
2. Make a fist with one hand.
3. Place the thumb side of your fist against the victim's abdomen, in the midline, slightly above the navel and well below the breastbone
4. Grasp your fist with your other hand and press your fist into the victim's abdomen with a quick, forceful upward thrust.
5. Repeat thrusts until the object is expelled from the airway or the victim becomes unresponsive.
6. Give each new thrust with a separate, distinct movement to relieve the obstruction.

****If the victim is obviously pregnant or obese, perform chest thrusts instead of abdominal thrusts.**

1. Stand behind victim and place your arms under victim's armpits to encircle the chest.
2. Grasp one fist with other hand and place thumb side on the middle of the breast bone.



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3. Press with quick backward thrusts until foreign body is expelled or victim becomes unconscious.

When a conscious choking victim becomes unconscious:

1. Position victim on back
2. Activate emergency medical services system
3. Begin CPR, starting with compressions
4. Every time you open the airway to give breaths, open the victim's mouth wide and look for the object.
5. If you see an object that can easily be removed, remove it with your fingers. If you do not see an object, keep doing CPR.
6. You can tell you have successfully removed an airway obstruction in an unresponsive victim if you: feel air movement and see the chest rise when you give breaths; and/or see and remove a foreign body from the victim's mouth.

Care After Choking Incident:

1. Inform physician of choking incident and treatment provided.
2. Resident should be monitored and assessed to ensure that he/she does not have a complication from abdominal thrusts.
3. Document incident and treatment provided in progress notes.
4. Update the care plan as necessary.

References:

Heart and Stroke Foundation of Canada: BLS for Healthcare Providers: Student Manual