

Actions to Consider Following a Choking incident

Provides a record of all the actions considered following a choking incident to help prevent further choking. The person responsible for providing direct care should complete it. Consider consent and capacity and follow the Mental Capacity Act NI (2016). Consult with the service user, their carers and families to help identify risks. This information can be used as a risk screening and contribute to a choking risk management plan, if needed. Please note all incidents, near misses and errors should be reported, e.g. through the DATIX incident reporting system, guidance on [adverse incident reporting](#). Links to useful resources have been embedded.

Name of patient/client	Date and time of choking incident
Date form completed Datix incident number	Name of person completing this form, list all persons
Does the person have SLT eating, drinking and swallowing recommendations (REDS)? y/n Add date of latest REDS and IDDSI level of food and drink	
Level of choke and intervention required <ul style="list-style-type: none"> <input type="checkbox"/> Coughing on meals drinks, or on saliva. <input type="checkbox"/> Cleared without assistance or prolonged coughing - given reassurance or prompt to cough <input type="checkbox"/> Required assistance - backslap/abdominal thrust/finger sweep/suction <input type="checkbox"/> Acute care for respiratory consequences <input type="checkbox"/> Hospitalisation for pulmonary consequences 	
Was there a medical exam following the incident? y/n description	
Describe what the person was eating, the way they were eating, the environment, the person's position, mood, who was with them, did they clear any blockage (specify size, take a photo with a fork to compare.)	

Questions to ask following a choking incident	No	Yes	If Yes, Actions to consider	Comment
1. Does the person have a history of choking?			Review current management plan	
2. Is this the first choking incident? i.e. no identified choking risk or swallowing difficulties?			Consider referral to SLT observational checklist .	
3. Suspected aspiration of material, or a change in the person's breathing effort, sounds? A chronic respiratory condition appears worse?			Medical review Chest Physiotherapy as appropriate	
4. Any recent deterioration in observations of general health? Does the person have worsening swallow skills due to ill health? Do oesophageal symptoms appear worse? e.g. reflux.			Medical review Consider referral to SLT observational checklist .	
5. Is there concern that up-to-date swallow recommendations were not shared or handed over?			Check clear systems for sharing information . at pivotal times	

6. Was the incorrect IDDSI level of food or fluid provided? IDDSI - Home			Availability of recommendations/ appropriate signage. Check training. Safety pause.	
7. Did the person choke on the correct IDDSI food and fluid, i.e. food that was recommended?			Downgrade diet or avoid specific food and high-risk foods until SLT assessment	
8. Is there concern about how the person accessed the food? Did the person steal food?			Safe storage is available. Review supervision and access to high risk foods	
9. Is there concern that the food preparation was inadequate? E.g. temperature, hard skin, bones, skin, wrong texture/size?			Undertake safety checks with the kitchen, food provider, and person preparing food.	
10. Was there inadequate supervision? Are there staffing concerns impacting supervision?			Increase monitoring, specify supervision, escalate to manager	
11. Was the person lethargic?			Ensure awake and alert before all mealtimes. Medical review.	
12. Person having difficulty swallowing medications? Incorrect texture or format? Recent medication change? Side effects for swallowing?			Liaise with pharmacy/ medical team for a medication review Niformulary.hscni.net	
13. Unsafe eating behaviours? i.e. distractible, overfilling, fast pace, inadequate chewing, laughing, talking or moving.			Education safe eating strategies . Consider assistance/supervision. Support plan.	
14. Increasing mealtime support required? Increasing dependence for feeding?			Identify Support required. Independent feeding assessment by OT.	
15. Difficulty maintaining an upright sitting posture?			Temporary support. Seating assessment by OT	
16. Specified equipment not used, e.g. Kapi-cup?			Access to equipment	
17. Are there any oral health issues e.g. pain, dry mouth, thrush, loose teeth, ill-fitting dentures?			Increase mouth care medical/ dental review as per protocol	
18. Was the mealtime environment interrupted/rushed/noisy?			Protected mealtimes Mealtime matters Safety pause	
19. Is there a concern over the staff's level of experience or swallow training? Have staff up to date life support training or is there concern that the emergency response was incorrect.			Identify level of experience required, check training. Revise knowledge/skills practice drills	
20. Do you feel this was an isolated choking incident?			If there are no identifiable risks monitor closely	