

Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Resident Care	SUBJECT: Choking Emergency	SECTION: C
DATE: September 2004	Administrator: <u>J. M.!</u>	POLICY: 9
REVISION DATE: August 2016	Director of Care: <u>Cheryl Allick</u>	

CHOKING EMERGENCY

POLICY:

To expel a foreign body that is creating a blockage of the airway.

PROCEDURE:

CLINICAL SIGNS

- Unable to speak, breathe or cough. Most common causes of airway obstruction are tongue falling to the back of the throat in an unconscious resident and foreign objects.
 - Prevention: cutting food in small pieces, chewing thoroughly, avoiding laughing, talking, walking with anything in mouth.
- Turns blue.
- Hand to neck signals: "I am choking!"
- Collapses – death occurs in four minutes.

CONSCIOUS VICTIM, SITTING OR STANDING

Complete Airway Obstruction

1. Assessment and recognition are very important. Good Air Exchange means that the person can cough, speak, grunt, cry, make noise. Do not interfere with his own attempts to expels the foreign object currently.
2. If unable to speak, stand behind and to the side of the person. Place your arm around them under the axilla, lean forward and do back blows.
 - a. Administer up to 5 back blows using the heel of your hand.
 - b. Take the bottom part (heel) of your hand and deliver 5 separate forceful strikes between the person`s shoulder blades.
 - c. Keep the back blows separate.
 - d. Try to dislodge the object with each blow. Look for improvement after each blow.
3. If the back blows fail, perform 5 abdominal thrusts, also known as the Heimlich Maneuver.
 - a. Get behind the victim.
 - b. Wrap your arms around the waist. Make sure your arms are below the rib cage.

- c. Take the underside of one fist and place it near the middle of the person's abdomen, with the thumb-side against the abdomen, just above the navel and below the breastbone.
 - d. Grasp that fist in your other hand.
 - e. Give up to 5 separate, inward, and upward thrusts. Continue until the obstruction is dislodged – check after each thrust. Stop if the victim becomes unconscious.
4. If the obstruction has not been relieved, alternate between 5 back blows and 5 abdominal thrusts until the object becomes unstuck.
5. Make sure the object is completely gone.
 - a. If the person is able, ask the victim to spit it out and breathe without difficulty.
 - b. Perform a finger sweep on an unconscious or incapacitated person to remove the object from his/her mouth. Sweep the object out.
6. Check to see if normal breathing has returned. Once the object is gone, most people will return to breathing normally. If normal breathing has not returned or if the person is unconscious, check their mouth and remove any visible solid obstruction and begin CPR. There may be some resistance to inflation until the object is dislodged. Alternate between abdominal thrusts, checking the airway, and performing rescue breathing until help arrives.