

**Dining/Choking Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of choking and aspiration.

**Desired Outcome:**       will take small bites, chew food thoroughly, and take drinks between bites as needed. Staff will respond as trained to any choking incidents.

**Why at risk/History:**

**Choking** occurs when the airway is blocked by food, drink, or foreign objects.

**Aspiration** occurs when food, drink, or foreign objects are breathed into the lungs (going down the wrong tube). It might happen during choking, but aspiration can also be silent, meaning that there is no outward sign. Aspiration does not always present itself immediately following a choking incident even on x-rays. The fluid that is aspirated may get into the lungs and over a few days cause an infection, causing symptoms to show up. If a person has had a potential aspiration incident, it is important to monitor the person for symptoms of aspiration and to seek medical attention immediately.

**Supports and interventions:**

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* Staff will watch for signs of choking when eating.
* **CALL 911 and begin back blows and abdominal/chest thrusts if       is unable to breathe.**
* Staff will monitor for symptoms of aspiration in the days following a choking incident using the “Post-Incident Checklist Monitoring of Aspiration Incident 72 Hour (3 Day) Follow-Up”.
* **CALL 911 at the onset of any choking incident regardless of necessary interventions or outcome. Approval is NOT required.**

**Monitor:**

* **Symptoms of choking:**
	+ Coughing
	+ Gagging
	+ Wheezing
	+ Unable to talk
	+ Reaching for his neck/throat
	+ Turning blue
* **Symptoms of aspiration to monitor for in the days that follow a choking incident:**
	+ Decreased food and/or fluid intake
	+ Refusal of meals
	+ Temperature elevation
	+ Difficult breathing
	+ Change in general mood (i.e. more agitated or conversely more lethargic or listless –feeling tired or lack of energy)
	+ Skin color change (pale-gray-blue) especially in extremities
	+ Cough
	+ Chest congestion
	+ Change in sleeping habits

**Notify:**

* **Call 911 if a choking incident occurs regardless of necessary interventions or outcome, if emergency intervention was necessary, such as, back blows and abdominal/chest thrusts, CPR, etc., or exhibiting signs of aspiration, multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager and Health and Safety Tech and/or Nurse of any choking incident, symptoms of aspiration, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any choking incident, symptoms of aspiration, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | **Dining/Choking** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
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