



Acacium Group

Adult Choking

Procedure Reference | SOP RESUS 04

Version | V4.1

Procedure Name	Adult Choking
Purpose of Document	To ensure that the correct preparation, procedure & outcome are achieved by undertaking an effective resuscitation procedure for the choking adult.
Target Audience	All workers with clinical responsibilities
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Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
This SOP <u>must</u> be read in conjunction with the Acacium Group Resuscitation Policy	

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page	KNF/SJ
V1	Dec 2017	Annual review	KMS/VM
V1.1	Jun 2018	Addition of applicable references	SJ
V1.1	Dec 2018	Annual review	KMS/SJ
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V2.1	Mar 2020	Realigned review date to May with other resus SOPs	CC
V2.2	Nov 2020	Rebrand	CC
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V2.4	Jun 2021	Review	Clinical Advisory Group
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V4.1	Apr 2024	Review and Update	Clinical Advisory Group

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1. Adult Choking

Definition of choking is airway obstruction by a foreign body

Recognition of choking is the key to a successful outcome. It is vitally important not to confuse this emergency with fainting, heart attack, seizure, allergic reaction or other conditions that may cause sudden respiratory distress, cyanosis, or loss of consciousness.

2. General points

Foreign bodies may cause either mild or severe airway obstruction. The signs and symptoms distinguishing the difference are summarised in the table below.

It is vitally important to ask the conscious adult 'Are you choking?'

People at increased risk of choking include but is not limited to:


- clients with reduced consciousness
- drug and/or alcohol intoxication
- neurological impairment
- reduced swallowing and coughing reflexes
- respiratory disease
- mental impairment
- dementia
- old age
- clients with learning disabilities
- injury/trauma/disease/surgery to the neck or throat which may affect the anatomy
- Anaphylaxis


General signs of choking	
<ul style="list-style-type: none"> • Attack may occur whilst eating or drinking • The episode has been witnessed by someone • Coughing or choking • Clutching at their neck • Drooling 	
Signs of severe airway obstruction	Signs of mild airway obstruction
<p><i>Response to question 'Are you choking?'</i></p> <ul style="list-style-type: none"> • Individual unable to speak • Individual may respond by nodding <p><i>Other signs</i></p> <ul style="list-style-type: none"> • Individual unable to breathe • Unable to swallow • Breathing sounds wheezy • Attempts at coughing are silent • Cyanosis and pallor • Individual may be unconscious 	<p><i>Response to question 'Are you choking?'</i></p> <ul style="list-style-type: none"> • Individual speaks and answers yes <p><i>Other signs</i></p> <ul style="list-style-type: none"> • Individual is able to speak, cough, and breathe • Grabbing at their throat/neck • Distressed

- Gagging

3. Treatment

Table 1: Resuscitation sequence of events

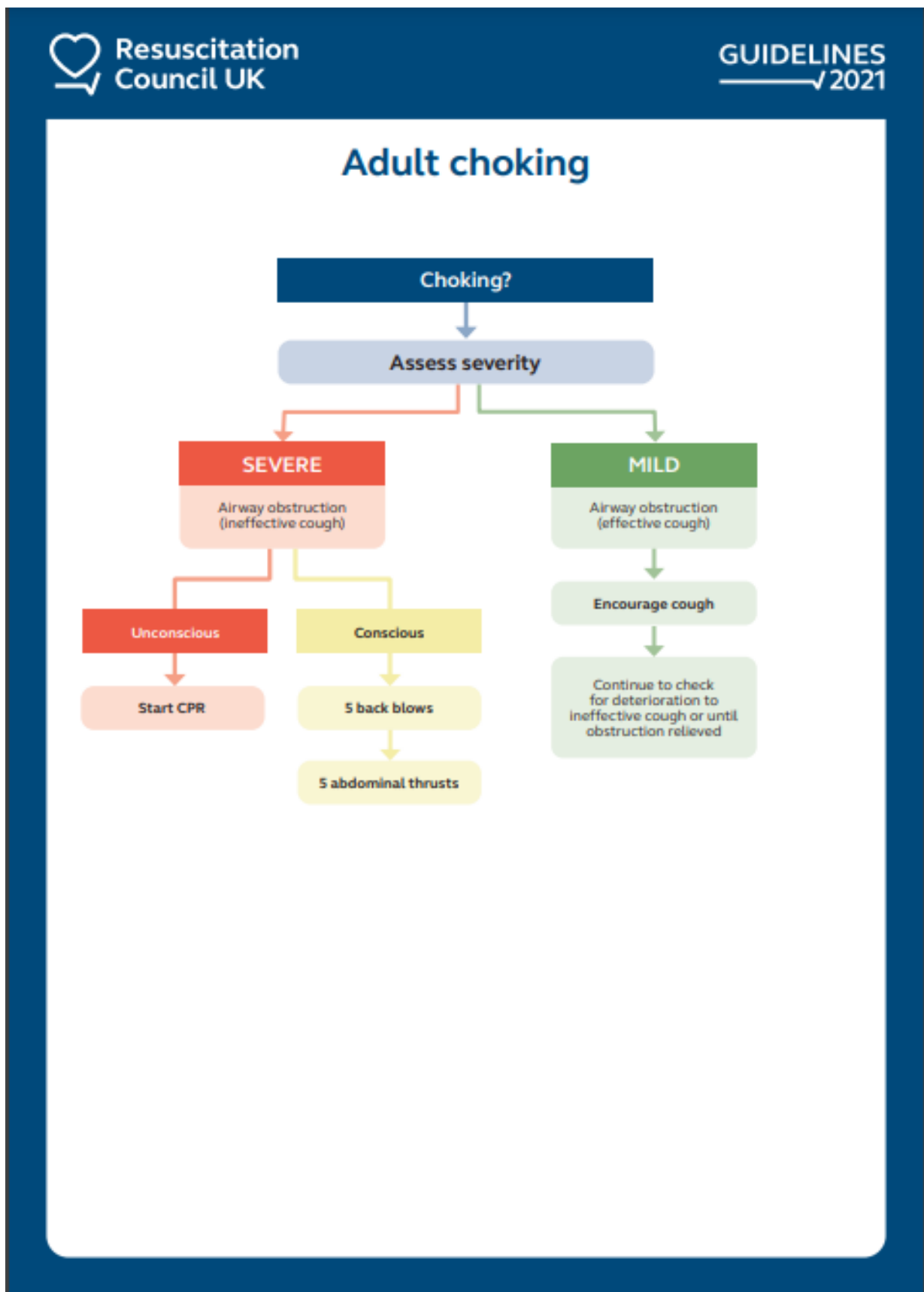
	Step	Action
1.	If the individual shows signs of mild airway obstruction (effective cough)	<ul style="list-style-type: none"> • Encourage them to continue coughing, but do nothing else • Continue to check for deterioration until obstruction relieved • DO NOT put fingers in mouth
THE CONSCIOUS ADULT		
2.	If the individual shows signs of severe airway obstruction (ineffective cough)	<p>Back blows</p> <ul style="list-style-type: none"> • Give up to 5 back blows • Stand to the side and slightly behind the individual • Support the chest with one hand and lean the individual well forwards so that when the obstructing object is dislodged it comes out of the mouth rather than goes further down the airway • Give up to five sharp blows between the shoulder blades with the heel of your other hand  <ul style="list-style-type: none"> • Check to see if each back blow has relieved the airway obstruction. The aim is to relieve the obstruction with each blow rather than necessarily to give all five blows, has the individual stopped choking? Have you seen the obstruction come out of the mouth? • If back blows fail to relieve the airway obstruction move onto five abdominal thrusts <p>If the casualty is in a wheelchair you will need to kneel to one side to support the chest whilst administering the back blows. Ensure that the brakes are applied on the wheelchair.</p>
3	If the obstruction is not relieved by the back blows or back blows are not able to be performed due to the clients condition/position	<p>Abdominal thrusts</p> <ul style="list-style-type: none"> • If the back blows do not relieve the airway obstruction give up to 5 abdominal thrusts • Stand behind the individual and put both arms around the upper part of the abdomen • DO NOT place head directly behind the individuals head, you cannot view if object is released • Lean the individual forwards

		<ul style="list-style-type: none"> • Clench your fist and place it between the umbilicus (navel) and the ribcage • Grasp this hand with your other hand and pull sharply inwards and upwards • Repeat up to five times 
<p>If the obstruction is not relieved continue alternating five back blows with five abdominal thrusts until the obstruction is relieved or the individual becomes unconscious. Suction should not be used as it may delay treatment.</p>		
UNCONSCIOUS ADULT		
4.	If the individual becomes unconscious	<ul style="list-style-type: none"> • Support the individual carefully to the ground • Call an ambulance or the crash team on 2222 immediately • Begin CPR (adult BLS sequence) Healthcare providers trained and experienced in feeling for a carotid pulse, should initiate chest compressions even if a pulse is present in the unconscious choking individual.

4. Aftercare and referral for medical review

- Following successful treatment of choking, foreign material may nevertheless remain in the upper or lower airways and cause complications later.
- Individuals with a persistent cough, difficulty swallowing, or the sensation of an object being still stuck in the throat should, therefore, seek medical advice.
- Abdominal thrusts and chest compressions can potentially cause serious internal injuries and all victims successfully treated with these measures should be examined afterwards for injury.
- Individual will often report symptoms of sore throat, sore back, sore abdomen; consider soluble paracetamol or soluble aspirin unless nil by mouth.
- Follow care plan for escalation of care, as a referral to the Speech and Language Team may be appropriate.

5. Adult choking – Algorithm



6. References

- Resuscitation Council UK Guidelines on Choking Adult 2021
- <https://www.resus.org.uk/library/2021-resuscitation-guidelines/adult-basic-life-support-guidelines>
- Adult Choking Algorithm 2021
- <https://www.resus.org.uk/sites/default/files/202104/Adult%20Choking%20Algorithm%202021.pdf>
- Perkins GD, Handley AJ, Koster KW, et al. European Resuscitation Council Guidelines for Resuscitation 2015 Section 2 Adult basic life support and automated external defibrillation. Resuscitation 2015;95:81-98.
- <https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-do-if-someone-is-choking/>

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
		 multistaffing one solution
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