Acacium Group

Paediatric Choking (Foreign Body Airway Obstruction)

Procedure Reference | SOP RESUS 05

Version | V4.1

Procedure Name	Paediatric Choking (Foreign Body Airway Obstruction)
Purpose of Document	To ensure that the correct preparation, procedure and outcome are achieved by undertaking an effective resuscitation procedure for the choking child.
Target Audience	All workers with clinical responsibilities and appropriately trained to do so.
Version	V4.1
Author	Kate Nicholson-Florence
Date of Approval	December 2013
Published Date	December 2013
Lead Director	Karen Matthews-Shard
Review Frequency	March 2024
Last Reviewed	Annually
Next Review Date	March 2025
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 must 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
V2	Nov 2019	Annual Review	Clinical Advisory Group
V2.1	Mar 2020	Realigned review date to May with other resus SOPs	CC
V2.2	Aug 2020	Updated review date to match other Resus SOP	CC
V2.3	Nov 2020	Rebrand	CC
V2.4	Jan 2021	Rebrand 2	CC
V2.5	May 2021	Annual Review	Clinical Advisory Group
V3	April 2022	Annual Review & Update	Clinical Advisory Group
V3.1	Mar 2023	Reviewed and updated	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group
V4.1	Mar 2024	Reviewed and updated	Clinical Advisory Group

Table of Contents

1. Paediatric Choking

When a foreign body enters the airway, the child reacts immediately by coughing in an attempt to expel it. Observe the child, a spontaneous cough is likely to be more effective, if the child continues to cough and subsequently deteriorates then manoeuvres should be performed.

If the cough is absent or ineffective and the object remains in the airway, the child will become asphyxiated (unable to take in air) rapidly.

2. Recognition of Choking – general points

The majority of choking events in children occur during play or whilst eating and when a carer is usually present. Events are therefore frequently witnessed, and interventions are usually initiated when the child is conscious.

Choking is characterised by the sudden onset of respiratory distress associated with coughing, gagging or stridor.

Suspect choking caused by a foreign body if:

- the onset was very sudden
- there are no other signs of illness
- there are clues to alert the rescuer, for example, a history of eating or playing with small items immediately prior to the onset of symptoms.

General signs of choking	
• witnessed episode • coughing or choking • change in pallor/colour • sudden onset • recent history of playing with or eating small objects • distressed	
Ineffective coughing	**Effective cough**
• unable to vocalise • quiet or silent cough • unable to breathe • cyanosis (blue colour) • decreasing levels of consciousness.	• crying or verbal response to questions • loud cough • able to take a breath before coughing • clutching at the throat • fully responsive

3. Relief of Choking

Safety is paramount. Rescuers should avoid placing themselves in danger and consider the safest action to manage the choking child:

- If the child is coughing effectively, then no external manoeuvre is necessary. Encourage the child to cough, remain calm, do not panic, and monitor continuously to check for deterioration.
- If the child's coughing is, or is becoming, ineffective, **shout for help/call 999** immediately and determine the child's conscious level.

Table 1: Resuscitation sequence of events

Please note: For any service user with choking risk, their individualised care plan should be followed in addition to their resuscitation status.

In addition: Follow specific care plan for those with altered airway.

	Step	Action
DO NOT ATTEMPT BLIND OR REPEATED FINGER SWEEPS – as this may make things worse by pushing object further in		
	CONSCIOUS INFANT	
1.	If the infant has absent or ineffective cough	<u>Back blows</u> • support the infant/child in a head-downwards, prone position, to enable gravity to assist removal of the foreign body • a seated or kneeling rescuer should be able to support the infant safely across their lap • support the infant's head by placing the thumb of one hand at the angle of the lower jaw, and one or two fingers from the same hand at the same point on the other side of the jaw • do not compress the soft tissues under the infant's jaw, as this will exacerbate the airway obstruction • deliver up to 5 sharp back blows with the heel of one hand in the middle of the back between the shoulder blades • the aim is to relieve the obstruction with each blow rather than to give all 5  
2.	If the back blows fail to dislodge the object commence chest thrusts. Do not use abdominal thrust for infants	<u>Chest thrusts</u> • turn the infant into a head-downwards supine position. This is achieved safely by placing your free arm along the infant's back and encircling the occiput with your hand • support the infant down your arm, which is placed down (or across) your thigh • identify the landmark for chest compression (lower sternum approximately a finger's breadth above the xiphisternum) • deliver up to 5 chest thrusts. These are similar to chest compressions, but sharper in nature and delivered at a slower rate • the aim is to relieve the obstruction with each trust rather than to give all 5 
3.	Re-assess	• if the foreign object has not been expelled, **call for help**, continue with 5 back blows and 5 chest thrusts until the foreign body has been expelled or the infant becomes unconscious.

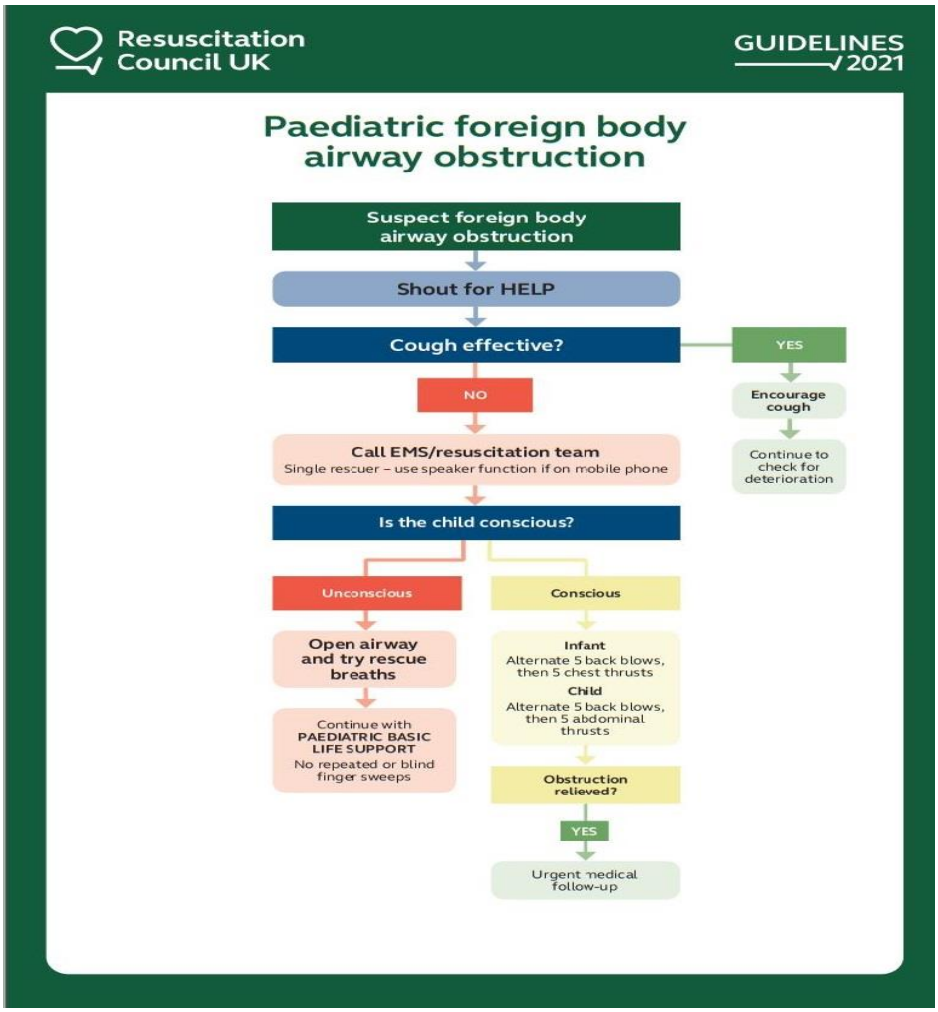
THE UNCONSCIOUS INFANT		
• if the choking infant is, or becomes, unconscious place them on a firm, flat surface • call out, or send for help, if it is still not available • do not leave the infant at this stage.		
1.	Airway	• open the mouth and look for any obvious object • if one is seen, try to remove it with a single finger sweep • DO NOT attempt blind or repeated finger sweeps.
2.	Rescue breathes	• open the airway by placing the infants head in a neutral position • place your mouth over the infant's nose and mouth and give 5 rescue breaths • assess the effectiveness of each breath, if a breath does not make the chest rise, reposition the head before making the next attempt. **Important note:** Please follow local and resus guidelines for recommended face masks and/or respirators.
3.	Chest compressions	• if there is no response proceed immediately to chest compressions regardless of whether the breathes were successful • complete chest compressions and breaths at a ratio of 15:2 for approximately one minute before summoning the Emergency Medical Services (if this has not already been done) • repeat x 2 rescue breaths and x 15 chest compressions until the infant recovers or help arrives or you become exhausted (please refer to the Resus SOP 2 Paediatric BLS).
4.	Recovery position	• if the infant regains consciousness and is breathing effectively, place them in a safe side lying (recovery position and monitor breathing and conscious level whilst awaiting the arrival of EMS. See Acacium Group Resus 03 Recovery Position SOP
CONSICIOUS CHILD (Over 1 Year)		
1.	If the child has absent or ineffective cough	<u>Back blows</u> • back blows are more effective if the child is positioned head down • a small child may be placed across the rescuer's lap as with an infant • if this is not possible, support the child in a forward-leaning position and deliver the back blows from behind • deliver up to 5 sharp back blows with the heel of one hand in the middle of the back between the shoulder blades
2.		• the aim is to relieve the obstruction with each blow rather than to give all 5 

3.	If the back blows fail to dislodge the object commence abdominal thrusts	Abdominal thrusts • stand or kneel behind the child,place your arms under the child's arms encircle his torso • clench your fist and place it between the umbilicus and xiphisternum • grasp this hand with your other hand and pull sharply inwards and upwards • repeat up to 4 more times • ensure that pressure is not applied to the lower rib cage as this may cause abdominal trauma • the aim is to relieve the obstruction with each thrust rather than to give all 5 
4.	Re-assess	• if the foreign object has not been expelled, **call for help**, continue with 5 back blows and 5 chest thrusts until the foreign body has been expelled or the child becomes unconscious
THE UNCONSCIOUS CHILD (Over 1 Year)		
• if the choking child is, or becomes, unconscious place them on a firm, flat surface • call out, or send for help if it is still not available • do not leave the child at this stage		
1.	Airway	• open the mouth and look for any obvious object • if one is seen, try to remove it with a single finger sweep • DO NOT attempt blind or repeated finger sweeps.
2.	Rescue breathes	• Open the airway by placing the child's head in the sniffing position • place your mouth over the child's mouth, if comfortable to do so, blocking the nose with your cheek and give 5 rescue breaths • assess the effectiveness of each breath, if a breath does not make the chest rise, reposition the head before making the next attempt. **Important note:** If you have concerns over contracting COVID 19 you should not put your ear close to the casualties mouth, a head tilt chin lift should be performed and you should look at the casualties chest to assess signs of breathing. If in doubt the default position is to start CPR (RCUK COVID 19 Statement 2020) **Rescue breaths for a child over 1 year using a BVM:** • Ensure head tilt and chin lift extending head in to sniffing position • Pinch the soft part of the child's nose closed with the index finger and thumb of your hand on the forehead • Open the child's mouth a little but maintain the chin lift

		• Administer rescue breaths via BMV/Pocket mask or by placing your lips around their mouth, making sure that you have a good seal • Administer rescue breaths steadily into the child's mouth over 1 second sufficient to make the chest rise visibly • Maintaining head tilt and chin lift, and watch for the chest to fall as air comes out • Repeat this sequence four more times. Identify effectiveness by seeing that the child's chest has risen and fallen in a similar fashion to the movement produced by a normal breath • NB – If two people are not available, one hand should be used to create a seal and tip the casualties head and the other hand should be used to squeeze the bag • Ensure head tilt and chin lift. **Rescue breaths for an infant (under 1 year) using a BVM:** • Ensure a neutral position of the head (as an infant's head is usually flexed when supine, this may require some extension) and apply chin lift. • Ensure that a seal is being created between the mask and the casualty's mouth and nose • Whilst holding the mask with one hand squeeze the bag with your other hand • Maintain a neutral position of the head, watch for the chest to fall as the air comes out • Repeat this sequence four more times. identify effectiveness by seeing that the infant's chest has risen and fallen in a similar fashion to normal breathing • For both infants and children, if you have difficulty achieving an effective breath, the airway may be obstructed: • Open the child's mouth and remove any visible obstruction. **Do not** perform a blind finger sweep. • Ensure that there is adequate head tilt and chin lift but also that the neck is not over extended. • If head tilt and chin lift has not opened the airway, try the jaw thrust method. • Make up to 5 attempts to achieve effective ventilation. If still unsuccessful, move on to chest compression. Rescue breaths: • Open the airway and attempt 5 rescue breaths. • Assess the effectiveness of each breath: if a breath does not make the chest rise, reposition the head before making the next attempt. • Proceed immediately to chest compression regardless of whether the breaths are successful and perform CPR. (Resuscitation Council UK 2021)
3.	Chest compressions	• if there is no response, proceed immediately to chest compressions regardless of whether the breathes were successful. • complete chest compressions and breaths in a ratio of 15:2 for approximately 1 minute before summoning the EMS (if this has not already been done)

		• repeat x 2 rescue breaths, or the simulated breaths using BVM, and 15 x chest compressions until the child recovers or help arrives, or you become exhausted (please refer to Acacium Group Resus 02 Paediatric BLS SOP).
4.	Recovery position	• if the child regains consciousness and is breathing effectively, place them in a safe side lying (recovery position). Monitor breathing and conscious level whilst awaiting the arrival of EMS. (please refer to Acacium Group Resus 03 Recovery Position SOP)

4. Paediatric Foreign Body Airway Obstruction – Algorithm



5. References

- Resuscitation Council UK Guidelines on Choking Paediatric 2015 - https://www.resus.org.uk/library/2021-resuscitation-guidelines/paediatric-basic-life-support-guidelines
- Nolan JP, Hazinski MF, Aicken R, et al. Part I. Executive Summary: 2015 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. Resuscitation 2015;95: e1-e32.
- Maconochie I, de Caen A, Aickin R, et al. Part 6: Paediatric Basic Life Support and Paediatric Advanced Life Support: 2015 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. Resuscitation 2015;95: e147-e170.

- Tibballs J, Weeranatna C. The influence of time on the accuracy of healthcare personnel to diagnose paediatric cardiac arrest by pulse palpation. Resuscitation 2010; 81:671-5.
- Maconochie I, Bingham R, Eich C, et al. European Resuscitation Council Guidelines for Resuscitation 2015 Section 6 Paediatric Life Support. Resuscitation 2015; 95:222-47.
- NHS Guidance: https://www.nhs.uk/conditions/baby/first-aid-and-safety/first-aid/how-to-stop-a-child-from-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:

GP World Part of Acacium Group	pulse Part of Acacium Group	Proclinical Part of Acacium Group
Bank partners	espirita	INGAGE multistaffing | one solution
Liquid Healthcare Part of Acacium Group	Thornbury Nursing Services Part of Acacium Group	Scottish Nursing Guild Part of Acacium Group
Thornbury Community Services Part of Acacium Group	Hobson Prior Part of Acacium Group	maxxima Part of Acacium Group
xyla health & wellbeing Part of Acacium Group	xyla health & social services Part of Acacium Group	xyla elective care Part of Acacium Group
xyla digital therapies Part of Acacium Group	CHS Healthcare Part of Acacium Group	DRA DUNN REGULATORY ASSOCIATES Part of Acacium Group