Choking Case Scenarios

Case #1

You are a program manager in a group home, where a 45-year-old male named Chris resides. Chris has Prader Willi and mild intellectual disability (ID). Chris has boundless energy and is a joy to be around.

Chris is a big talker and at dinner he likes to tell everyone about all of the things he has done throughout the day. Chris wiggles and talks and is very animated, even while eating, which may have contributed to a few choking incidents in the past.

Chris also has some missing teeth due to dental extractions and will occasionally eat too fast, with minimal chewing. He is easily distracted from what he is doing and he also sometimes stuffs food in his mouth. He has diet modifications which stipulate that his food is to be soft and cut up in bite size pieces.

Chris has had several choking episodes over the last several years. Luckily, abdominal thrusts have always worked well, and staff have become experts at doing them. Chris has a list of foods that he should not be offered, or have on his plate, which seasoned staff are well aware of.

1) Which of the following actions would NOT be on the choking protocol for Chris?
    a. Show the individual with IDD and DSP the universal sign for choking and have them redemonstrate, when possible.
    b. Help the individual to focus more on eating and less on talking and moving around.
    c. Encourage the individual to be completely alone in their room during mealtimes to avoid distraction.
    d. Remind the individual to slow down, take smaller bites, and chew the food thoroughly before swallowing.
    e. Complete the Choking Risk Assessment Screening Tool to help identify problems with eating and dysphagia (difficulty swallowing and eating) that the physician or nurse practitioner can assess.

The nurse reminded Chris and the staff that he is scheduled to see the Speech Language Pathologist (SLP) for a swallow study next week. There is a new staff member that wants to know what a Speech Language Pathologist does.

2) All of the following information about what Speech Language Pathologists do is correct except for:
    a. Evaluate the individual's bilingual skills.
    b. Perform an assessment of the mouth for any structural anomalies.
    c. Observe for behaviors that increase the risk of choking.
    d. Recommend diet modifications for the mealtime protocol.
    e. Perform a swallow study to assess for dysphagia.

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After seeing the SLP, Chris's diet for soft bite size pieces was not changed, however the SLP provided an additional list of foods Chris should avoid and asked that staff be trained on the new modifications to his diet. To make sure the staff understand which foods Chris and others at a high risk of choking should avoid, you ask the staff to select the right meal for Chris.

3) Which of the following meals is the safest choice for Chris or any other individual with a high risk for choking?
   a. Hot dogs with mustard, French fries, and popcorn.
   b. Peanut butter and jelly sandwich, grapes, and potato chips.
   c. Salad with nuts, well-done steak, and raw broccoli.
   d. Scrambled eggs, yogurt, and oatmeal.
   e. Nachos, beans, and rice.

4) The person orienting the new staff member asks her what increases a person's risk for choking. Which of the following options is the correct response?

   a. Being a fast talker
   b. Requires prescription glasses
   c. Missing teeth
   d. Does not like cats
   e. Has curly hair

5) The new staff member says she doesn't know which diagnoses cause a higher risk of choking, difficulty eating and impaired swallowing. Which of the following responses are correct? *(Select all that apply)*
   a. Down Syndrome
   b. Diabetes
   c. Intellectual and/or developmental disability
   d. Arthritis
   e. Prader Willi Syndrome

6) As program manager, you decide to make some changes to the agency's policies to help reduce the number of choking incidents. Select the options below that you believe will be most helpful to the staff *(Select all that apply).*
   a. Each time there is a choking incident the DSP or nurse caring for the individual must pay a $100 fine to the provider.

   b. Every 6 months have each staff member review and sign a copy of Conscious Choking by the American Red Cross and put the poster on display where it is easily visible to everyone.
   c. Host a mandatory in-service training for staff every 6 months to review and demonstrate how to perform abdominal thrusts.

d. Develop, distribute, and post an agency-wide mealtime policy which contains a list of foods which increase risk of choking.

e. Assign a staff member to sit at the table and observe individuals during mealtimes.

7) You've asked an RNCC from the Office of Integrated Health at DBHDS to hold a training session about choking for the group home's staff. Which of the following would you expect to be included in the training?
   a. Instructions to obtain an RX/order for abdominal thrusts before performing them because if there isn't an RX//order you must abstain from intervening until you can get one from the individual's PCP.
   b. Instructions to find the object and pull it out of the individual's airway using utensils, pliers, or whatever tool you can find.
   c. Instructions for the DSP to memorize specific dietary modifications and requirements for each individual under their care.
   d. An overview of signs and symptoms of choking and potential risk factors.
   e. Instructions recommending that a Speech and Language Pathologist evaluate all meal plans for each group home.

After the DBHDS OIH training session on Choking is finished, you want to ensure all of your staff can identify the signs and symptoms of someone who is choking. You also want your staff to know what kinds of complications can happen if they are unable to identify someone choking.

8) You ask the staff to look at the following choices and identify which one is NOT a possible sign of choking.
   a. Grabbing their throat
   b. Shortness of breath and coughing
   c. Excessive laughing
   d. A change in speech or being unable to speak
   e. A look of panic on the face

9) Next you ask the staff to identify the options that are NOT possible complications of choking. Select the correct option(s) below *(Select all the apply)*:

   a. Death
   b. Aspiration (breathing foreign objects such as food into the lungs

   c. Hirsutism (excessive hair growth)
   d. Pneumonia
   e. Brain damage due to hypoxia (lack of oxygen to the tissue)

10) Where can you go for reliable information to help decrease the risk of a future choking event? (Choose all that apply)
   a. Call 911 for advice

b. Email the Office of Integrated Health at: communitynursing@dbhds.virginia.gov
c. Facebook
d. Call Ghostbusters
e. Pinterest
f. Go online onto the COVLC website to view the available free trainings on choking, dysphagia, and aspiration.
g. Do nothing.

Case #2

It is Wednesday, and Susan, a DSP at Happy Days Group Home is cleaning up in the kitchen after preparing lunch for an individual. Pam, the group home's program manager, is Susan's only work colleague during the day. Pam is working on the menu for next week.

There is another DSP on day shift named Diane, but she is not currently onsite. Monday through Friday she takes the individuals to day program, then runs errands to the pharmacy, the grocery store, the hardware store, and other places for whatever is needed. After putting things away, Diane goes back out to pick the individuals up after day program ends at 3:00 pm and brings them back home. The only usual exceptions to this routine are snow days, medical appointments, and weekends.

Tommy, an individual who lives at Happy Days, is seated alone at the dining table eating his lunch. Tommy typically eats lunch alone during weekdays because he has chosen not to attend day program with his roommates. He prefers to have one-to-one community activities with his twice weekly companion aide. Tommy eats all of his other meals and snacks with his roommates.

Tommy is eating a peanut butter and jelly sandwich (on white bread), a small cup of grapes and a small cup of mini carrots on the side. While eating, Tommy is watching a tv show on his ipad.

Susan can hear Tommy laughing loudly. Suddenly, the laughing stops and she hears a strange whistling sound she doesn't recognize.

Tommy often takes big bites and puts way too much food in his mouth at one time. He talks when eating and drinking and doesn't have very many teeth, and his teeth are not in good repair. He typically eats fast and is easily distracted during mealtime.

All of the seasoned staff members who work at the group home have been trained to sit with Tommy and give him verbal prompts to slow down and take smaller bites, whenever he is eating. Seasoned staff members know to remind Tommy to take a drink after chewing and swallowing.

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However, Susan is a *new employee* and has not reviewed Tommy's PCP-signed protocol for safe eating, which has examples of verbal prompts caregivers should use to help Tommy slow down his eating, to chew thoroughly, and remember to take drinks between bites, when he is eating. Susan has never witnessed anyone actively choking, nor has she ever performed abdominal thrusts on anyone who is choking.

Earlier, Tommy stated that he didn't want his sandwich cut up and said, "I am not a baby, don't cut up my grapes!" Susan knows that Tommy is on a regular soft and chopped diet but she isn't really sure what she is supposed to do and she is tired or arguing with Tommy. As a result, Susan didn't cut up the grapes, or the baby carrots and gave Tommy the peanut butter and jelly sandwich he wanted. Susan is unaware that Tommy has choked on a peanut butter sandwich previously.

As Susan looks over her shoulder, she can see that Tommy has stopped eating and is standing up with a panicked look on his face. Tommy has his hands around the base of his throat. He is coughing and sticking his fingers in his mouth. His eyes are watering, but he cannot speak. Tommy sticks his tongue out and points to his throat. Susan stands there for 15 to 20 seconds just looking at Tommy, trying to think what to do next, because she isn't sure why he is pointing at his throat.

Susan then notices Tommy is no longer coughing and appears to be having a difficult time just standing up. He backs into a chair and slumps into it.
Susan yells loudly for the program manager to come help.

As the program manager comes around the corner, Susan tells her to call 9-1-1 immediately. Tommy's mouth and lips are now look blue and he is less alert. His body goes limp, and he slumps backward in the chair, unconscious. Susan can see there is food lodged in the back of his throat and peanut butter in his mouth and pallet. Susan begins performing abdominal thrusts on Tommy.

Please choose the correct answers below.

1. What high risk foods was Tommy eating?
    a. Carrots
    b. Grapes
    c. Peanut butter
    d. White bread.
    e. All of the above

2. Which creative actions below, might have worked to slow down Tommy's eating, and align with his PCP-signed mealtime protocol?
    a. Have Tommy count "One Mississippi, Two Mississippi, Three Mississippi" between bites (after he has chewed and swallowed each bite of food).

b. Remind Tommy to take a drink between bites.
c. Ask Tommy to share the names of his favorite television programs in between bites (after he has chewed and swallowed each bite of food).
d. Play a game which requires Tommy to move placed objects (plastic animals, army men, etc.) from the left side of his plate to the right side of his plate between bites (after he has chewed and swallowed each bite of food).
e. Remind Tommy that lunch is over in a few minutes.

f. None of the above.
g. A, B, C, and D.

3. Which of Tommy's habits and behaviors likely increases his overall choking risk?
    a. He often takes big bites of food.
    b. He often eats too fast.
    c. He is easily distracted.
    d. He frequently puts too much food in his mouth.
    e. All of the above.

4. What factors negatively contributed to the choking event in the previous scenario?

    a. Tommy eats lunch alone Monday through Friday.
    b. Staff placed the importance of household chores over the safety of an individual.
    c. Susan, the group home's newest employee has not completed her training on Tommy's mealtime protocol before caring for him.
    d. Because Susan has not completed her training on Tommy's mealtime protocol before caring for him, she is unaware that Tommy has choked previously while eating peanut butter.
    e. All of the above.

5. When you are choking, you can't communicate in the usual way. What physical actions and facial gestures did Tommy use to try to let Susan know he was choking?

    a. He suddenly stopped eating.
    b. He stood up.
    c. He had a look of panic on his face.
    d. He pointed to his throat.
    e. He stuck his fingers in his mouth.
    f. He stuck his tongue out.
    g. He coughed.
    h. He put his hands to his throat.
    i. All of the above.

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6. What physical/anatomical characteristics does Tommy have that may increase his choking risk?
    a. He is missing numerous teeth.
    b. His teeth are not in good repair.
    c. He has a small mouth.
    d. All of the above.
    f. A and B.

7. What other physical/anatomical characteristics would put Tommy at an even higher choking risk if he had them?
    a. Having a cleft palate.
    b. Having a wide mouth.
    c. Having no teeth.
    d. Having tongue dysfunction.
    e. Having a cleft in his chin.
    f. All of the above.
    g. None of the above
    h. A,C & D.
    i. B & E

8. As Tommy continues to choke, what other signs and symptoms will you likely see due to lack of oxygen?
    a. His lips and mouth will likely turn blue.
    b. He may start to feel less alert (weak, dizzy, confused, etc.)
    c. He may lose consciousness.
    d. His body may go limp.
    e. He will likely be too weak to cough.
    f. All of the above.

9. A history of a previous choking event puts Tommy in an extremely high-risk choking category.
    a. True
    b. False

10. What other health-related diagnoses would put Tommy *<u>at even higher risk</u>* for choking than he already is currently?

    a. Being over age 65.
    b. A diagnosis of dysphasia.
    c. A diagnosis of Prader Willi.
    d. A diagnosis of Down Syndrome.
    e. Having a cleft lip.
    f. A diagnosis of Rumination Disorder.
    g. All of the above.
    h. C and D.

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