DBHDS
Virginia Department of Behavioral Health and Developmental Services

Choking Risk Cheat Sheet for Caregivers of People with Intellectual and Developmental Disabilities (IDD)

Instructions

Find the health history of the person you support. Use it along with your observations to complete the information below as best you can. Then share your answers with the person's treatment team. **Answering "yes" to any of the questions below means the person is at risk for choking and should be evaluated by a speech-language pathologist (SLP) as soon as possible.**

If you have questions about how to use this information, please email communitynursing@dbhds.virginia.gov.

Name and date of birth				
Does the person have any of the following?	**Yes**	**No**	**Unsure**	**Comments**
Signs or symptoms of difficulty or impaired swallowing (dysphagia) such as coughing when eating/drinking or coughing after eating/drinking				
Diagnosis of dysphagia				
Tongue dysfunction (inability to move tongue up, down, left, right)				
Missing teeth				
Cleft lip or cleft palate (a split or opening in the lip or palate)				
High or narrowed palate (or any difference from a normal palate)				
Facial hypotonia/dystonia (slack mouth, drooling, mouth open, etc.)				
Diagnosis of Down Syndrome				
Diagnosis of Prader Willi				
PICA (history of eating non-food items or objects)				
Rumination disorder (regurgitating food in mouth)				
History of stroke				
History of dehydration *of unknown reason* in the past year (not related to vomiting or illness)				
History of hospitalization due to aspiration pneumonia or any pneumonia in the past two years				
Any choking event in the past two years				
A modified texture diet (pureed, minced and moist, soft chopped, etc.) or thickened liquids				

Date of the most recent evaluation by a speech-language pathologist (SLP) _____

If the person is on a modified diet, they should be evaluated by a SLP **at least every three years.**

Date of completion: _____

Name of person completing this form: _____