

Issues to be Reviewed and Addressed when a Person Has Had a Choking Incident

Instructions: Please review the attached checklist regarding specific questions related to the reported choking incident for this person. Please include the answers to all of the

Requested	Date Received	GENERAL QUESTIONS
<input type="checkbox"/>		1 What was the item the person choked on? If not known, then what was the last item he/she ate?
<input type="checkbox"/>		2 Where was the person at the time of the incident (e.g., dining table, couch, bed, etc.)
<input type="checkbox"/>		3 Was there a dining/choking risk plan in place prior to the choking incident? If so, was the plan being followed?
<input type="checkbox"/>		4 Have there been any previous choking episodes? If so, when?
<input type="checkbox"/>		5 Does the person have difficulty chewing or swallowing?
<input type="checkbox"/>		6 Does the person have a specialized diet texture/ fluid consistency ordered (pureed, chopped, thickened liquids, etc.)?
<input type="checkbox"/>		7 Does the person have a positioning plan during mealtime? If so, was the plan followed at the time of the incident?
<input type="checkbox"/>		8 What is the person's level of supervision during meals (and snacks)?
<input type="checkbox"/>		9 If the person was new to the home within the past 6 months, was all relevant dining information communicated at transition? Were the receiving staff trained to competency?
<input type="checkbox"/>		10 What immediate safety measures are in place to ensure there is not another choking episode until the team can convene to formalize a next step?
<input type="checkbox"/>		11 What is the outcome of the team's evaluation/assessment of the incident? Were any changes made to the person's dining/choking risk plan?

UNSAFE EATING ISSUES		
<input type="checkbox"/>		12 Does the person engage in unsafe eating habits (rapid rate of eating, stuffing mouth, taking large bites, pica, etc.)?
<input type="checkbox"/>		13 Was there food within reach if this is a risk for the person?
<input type="checkbox"/>		14 Does the person have formal dining objectives in place to address the unsafe eating habit(s)?
<input type="checkbox"/>		15 Is the person on medications known to increase appetite?
<input type="checkbox"/>		16 If the person has food-stealing behaviors, does he/she have increased supervision and/or decreased access to food?

STAFFING ISSUES/STAFF TRAINING ISSUES		
<small>Note: Training should be competency-based (hands-on implementation of procedures to ensure staff understand and can perform)</small>		
<input type="checkbox"/>		17 Were staff following the required level of supervision/monitoring (including required proximity to the person) during the incident ?
<input type="checkbox"/>		18 How long had the staff on duty during the choking incident been working with the person? (e.g., years, months, weeks, days, etc)
<input type="checkbox"/>		19 Was the staff working overtime when the incident occurred?
<input type="checkbox"/>		20 Was staff trained in emergency intervention, including CPR and Heimlich? Was the staff's certification current at the time of the incident? Please provide the expiration date for each staff present at the time of the incident along with a copy of the staff log/sign in sheet for that shift.
<input type="checkbox"/>		21 Are all staff, in all settings, trained to competency on specific details of the dining/choking risk plan, including specifics on how to cut-up food, what size of pieces are appropriate, how food is to be presented (e.g., plate to plate), correct consistency of food/liquids, etc.?

ENVIRONMENTAL ISSUES TO CONSIDER		
<input type="checkbox"/>		22 Are there specific instructions for staff to follow regarding their proximity during meals (e.g., sitting at the right side of the person, is the person at a table close to staff)? Review location during all meals - e.g., workshop, home, dining out, etc.)
<input type="checkbox"/>		23 How are food items secured in cases of risk (without restricting anyone's rights and appropriate access to food items)?
<input type="checkbox"/>		24 Were there distractions in the environment when the incident occurred (chaotic/noisy environment, unfamiliar people in the area, staff talking/texting on cell phone etc.)?

AFTER THE INCIDENT		
<input type="checkbox"/>		25 Was the person taken to the ER/hospital? If hospitalized, how many days of hospitalization? What was the final diagnosis at time of discharge?
<input type="checkbox"/>		26 Was a dysphagia evaluation completed by a speech therapist as a result of the choking incident?
<input type="checkbox"/>		27 Was a swallow study recommended? If so, was it completed? Have the recommendations been implemented?

MONITORING BY STAFF		
<input type="checkbox"/>		28 Was the person observed for signs and symptoms of aspiration for 3-5 days after the incident?
<input type="checkbox"/>		29 Did the person display any signs and symptoms of aspiration? Includes elevated temperature, cough, lethargy, refusal of meals, chest congestion, pale gray-blue skin, difficulty breathing, decreased food/fluid intake, change in sleeping habits.

MONITORING BY MANAGEMENT		
<input type="checkbox"/>		30 How does the team identify triggers for dysphagia, choking, aspiration?
<input type="checkbox"/>		31 How does the team ensure that the dining/choking risk plan is implemented consistently?
<input type="checkbox"/>		32 Do various professionals and/or management staff monitor at mealtimes?
<input type="checkbox"/>		33 Are there monitoring sheets in place? If so, were they in place before the incident?

REQUEST FOR DOCUMENTATION		
<input type="checkbox"/>		34 Copy of person's previous dining/choking risk plan
<input type="checkbox"/>		35 Copy of person's updated dining/choking risk plan
<input type="checkbox"/>		36 Information (including any relevant documents) regarding whether the person displayed any signs/symptoms of aspiration for 3-5 days following the incident. ***If written documentation was not completed, this should be acknowledged***
<input type="checkbox"/>		37 Copy of a choking assessment completed by the team with monitoring frequency determined by level of choking risk (the higher the risk the more frequent the monitoring required)
<input type="checkbox"/>		38 Staff training records regarding the dining/choking risk plan (ALL settings - home and day programs)
<small>Note: Training should be competency-based (hands-on implementation of procedures to ensure staff understand and can perform)</small>		

Name	
Date of Choking Incident	
Time of Choking Incident	
IR #	