

**ASPIRATION/CHOKING PROTOCOL*****You do not need permission to call 911***

Person's name: \_\_\_\_\_ Location of use: \_\_\_\_\_ Date: \_\_\_\_\_

Describe how you know this person is at risk for aspiration and/or choking (include diagnosis, history, and special considerations):

 **Aspiration:** **Choking:****SECTION 1: Description of Preventions**

<input type="checkbox"/> Fluids thickened to _____ consistency	<input type="checkbox"/> Keep upright after meals for ___ minutes
<input type="checkbox"/> Food texture:	<input type="checkbox"/> Elevate head of bed ___ degrees
<input type="checkbox"/> Small portions, describe:	<input type="checkbox"/> Special positioning during meals, describe:
<input type="checkbox"/> Eating or drinking instructions, located:	<input type="checkbox"/> Staff assists the person when eating. Instructions located:
<input type="checkbox"/> Limited access to food, describe:	<input type="checkbox"/> Adaptive equipment used for eating or drinking, describe:
<input type="checkbox"/> Tooth brushing instructions Instructions located:	<input type="checkbox"/> Other:

**SECTION 2: Signs and Symptoms of Aspiration/Choking**

<ul style="list-style-type: none"> <li>● Gagging or choking while eating, drinking, or tube feeding</li> <li>● Persistent coughing during or after eating, drinking, or tube feeding</li> <li>● Wheezing or breathing is rapid and difficult</li> </ul>	<input type="checkbox"/> Person has a temperature above ___°F after gagging, choking, or vomiting <input type="checkbox"/> Other:
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Person's name: \_\_\_\_\_ Location of use: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3: What to do if any signs and symptoms are observed**

- **STOP FOOD AND FLUID IMMEDIATELY**
- Keep person sitting upright and encourage coughing
- Provide first aid as trained
- Take and record person's temperature as soon as able
- Other:

1. Contact and follow any instructions given:

Supervisor     Nurse     Physician \_\_\_\_\_

2. Document incident in:  Progress notes     Incident Report     Other: \_\_\_\_\_

3. Notify:

Work     Home     Family/Guardian     School     Other: \_\_\_\_\_

**SECTION 4: *CALL 911 AND START EMERGENCY AND FIRST AID PROCEDURES AS TRAINED, IF ANY OCCUR:***

- Person appears gravely ill or you are concerned about their immediate health and safety
- Person is blue, not breathing, or is having difficulty breathing
- Other:

**After calling 911,**

Contact and follow any instructions given:

Supervisor     Serv. Co./Res. Spec.     Physician \_\_\_\_\_  
 Nurse     Family/Guardian     Other: \_\_\_\_\_

After the person is stable, document incident in:

● Incident Report     Progress notes     Other: \_\_\_\_\_

Written by: \_\_\_\_\_