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DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

December 11, 2003

SUBJECT: Administrative Bulletin 3:25
Prevention of Choking

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this bulletin is responsible for being familiar with the content and ensuring that all affected personnel adhere to it. Also attached is a revised Administrative Bulletin Index for your Manual.

Alan G. Kaufman
Director

AGK:pjt
Attachment

DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN 3:25

Effective Date: December 11, 2003

SUBJECT: Prevention of Choking

I. PURPOSE

Psychiatric patients who have underlying medical problems that cause dysphagia or swallowing problems are at increased risk for choking when eating meals or snacks. This bulletin establishes requirements for the identification of adult patients with a choking risk, and for their clinical management and supervision in State psychiatric hospitals. It also establishes requirements for mealtime observation of all patients, whether or not they are at risk for choking, and for the overseeing of meals and of snacking activities on the ward. Finally, this bulletin establishes requirements for the emergency medical response to choking emergencies, and for training staff about interventions that can prevent choking incidents.

II. CHOKING RISK FACTORS

A. Individuals with cognitive or behavioral problems who eat too quickly, take in too large portions, who are distracted or who hoard food may present a choking risk. This may exist whether or not they have been diagnosed with dysphagia (inability to chew or swallow food properly).

B. Certain physical/medical conditions may increase the potential for choking and should be evaluated when patients are assessed for risk. Some of these conditions are as follows:

- major loss of teeth/poor dentition
- abnormal tongue/mouth movements (tardive dyskinesia, acute EPS or Parkinson's disease)
- impaired gag reflex
- seizures or other neurological disorders
- psychotropic medication (particularly antipsychotic and anticholinergic agents)

III. PROCEDURES

A. Assessment for Choking Risk

1. Admitting physicians shall make a determination and document whether newly admitted patients have any chewing or swallowing problems that could lead to choking. These physicians shall order the

appropriate diet and level of supervision during meals, until a more thorough assessment for choking risk is completed.

2. Within 24 hours of admission, all patients shall have a comprehensive physical health assessment that will include an oral examination and an assessment of chewing/swallowing. When indicated, patients shall also be scheduled for a dental examination to be performed in a dental chair.

3. Within ten days of admission, a choking risk assessment will be initiated by the treating primary care physician, psychiatrist, nurse, dietitian, and/or other professional, as appropriate. The assessment will be completed utilizing an evaluation tool approved by the DMHS Medical Director.

4. By the time of the comprehensive treatment plan meeting, the choking risk assessment and feedback from Registered Nurses who observe patients at mealtimes shall be reviewed, and interventions to prevent choking shall be formulated and documented in the initial treatment plan.

5. If a patient is determined to have a choking risk that is secondary to dysphagia, physicians shall write an order for his/her referral to a speech therapist or, if unavailable, to an occupational therapist and/or other professional staff with training and demonstrated competency in dysphagia care. Recommendations to manage the patient's choking risk shall be reviewed by the treatment team and added to the treatment plan.

B. Placement of Patients on Special Diets and Supervision

1. The treating physician, in conjunction with a dietitian, shall order the appropriate diet (chopped, ground, or pureed) for a patient at risk for choking.

2. Hospitals shall establish a choking prevention policy and nursing policies for patients who are at risk for choking. This will ensure that patients at high choking risk have physicians' orders for ongoing supervision during meals and during snack times on the wards. These can be individualized orders describing the level of staff monitoring or be part of a choking precaution/observation protocol.

3. The choking prevention policy shall also require that patients at risk are referred to a speech/language therapist and that personalized interventions needed to reduce a patient's choking risk shall be documented in his/her treatment plan.

4. Patients who have orders for mealtime supervision or who are on choking precautions/observations shall be placed in a separate area

of the dining room and monitored during eating, with assignment of an appropriate level of staffing.

5. Staff who are supervising patients during meals shall ensure that they have proper positioning (correct sitting position) and that they sit upright, especially if fed in a bed. Staff shall encourage patients to eat small portions and to chew properly, as well as to take small sips of fluid between solids; they shall also discourage patient talking or other distracting activities during eating.

C. Monitoring of Patients During Meals and Snacks

1. Because many hospitalized individuals are at some increased choking risk, even if not on choking precautions/observations all dining areas shall be monitored while patients are eating, whether during meals in a patient cafeteria or on the ward. The monitoring shall be conducted by direct care staff under supervision of the RN. Staff shall also counsel patients about proper eating habits at this time.

2. Staff observing patients at mealtimes shall report any eating behaviors that could place patients at risk (e.g. eating quickly or gorging food, not chewing properly) to the RN and to the treating physician, who shall assess the patient for choking risk and place the patient on choking precaution/observation, if needed.

3. Patients who eat on hospital wards or in dining areas other than the cafeteria shall have supervision that is appropriate to their choking risk. Nursing staff shall be aware of patients' special dietary needs and choking precautions/observations.

4. When patients eat meals on a ward or in an area not normally designated as a dining area, nursing staff who are supervising patients shall ensure that they sit in a straight-backed chair at a table. Patients who are on bed rest, or in a gerichair or wheelchair, shall receive supervision and assistance when eating.

5. Before snacks are given out on the wards, snack bags are to be kept in an enclosed area, such as the nursing station, or a locked kitchen area until given to designated patients. Any unused trays or snack bags shall be returned to Food Service on a transport cart, accounted for, and/or thrown away in an area not accessible to patients.

6. Staff who are supervising patients during meals shall ensure that patients do not give food to any patients who are on choking precautions and that patients do not grab food off of other patients' trays.

D. Patient/Staff Education About Choking

1. During small group educational activities, patients shall be instructed about proper eating habits (e.g. eating slowly, chewing only small amounts of food at a time, always remaining upright).

2. Hospitals shall routinely remind patients and staff about appropriate eating habits and the risks of choking during mealtimes. Hospitals shall have posters or signage as reminders in the cafeteria and in ward eating areas, as well as visiting areas.

3. Family members and other visitors shall also be instructed about the hospital's procedures for patients who have a choking risk, if they are visiting a patient at risk, and they will be cautioned against giving food to other patients during their visits.

E. Response to Choking Emergencies

1. Staff shall immediately assist any patient who may be in distress and attempt to assess whether the patient is choking. While individuals who are choking may collapse and not give a clear indication that they are choking, most will be conscious and generally display the universal signs of choking distress (e.g. hands grasping throat), as well as the following signs of airway obstruction:

   a. In a partial obstruction, the patient may make characteristic crowing sounds suggesting obstruction of the vocal cords, wheezing sounds in the trachea or bronchus, or gurgling sounds indicating regurgitation or aspiration.

   b. In a complete obstruction, the patient will be unable to speak or even cough.

2. If the victim has a partial airway obstruction with poor air exchange, or a complete airway obstruction, this shall require activation of EMS and use of standard rescue techniques to remove or expel the obstructive material.

3. If the victim is unconscious, the rescuer should first use chin lift/head tilt techniques and then listen and feel to see if the victim is breathing. If a foreign body is seen in the airway, insert an index finger inside the mouth in order to do finger sweeps. If not, give two breaths and look to see if the victim's chest rises. Re-tilt and do chest compressions if the breaths do not go in.

4. In conducting the Heimlich maneuver on a conscious victim, the rescuer shall stand behind the victim and continue to check for signs of circulation, pulse, normal breathing, coughing, and victim movement.

5. For every patient who has had a Heimlich maneuver after choking, the physician shall examine the patient after the incident to determine whether he/she has suffered injuries as a result.

F. Training Staff in Choking Interventions

1. During orientation, all direct care staff shall receive training on the hospital's policies related to assessment, management and prevention of choking, as described in this bulletin.

2. The following staff shall be required to have regular CPR/First Aid training, including the Heimlich maneuver, and be certified at least every two years through the Red Cross or other equivalent trainer:

   a. Professional Nurses
   b. Physicians and Dentists
   c. HSAs and HSTs
   d. Residential Living Specialists and Head Cottage Training Supervisors

3. Other staff at the hospitals are to receive CPR/First Aid training upon their request. Hospitals may have additional requirements to train other staff as needed.

4. Hospitals shall regularly hold mock emergency drills that shall include the management of choking emergencies.

5. Hospitals shall post signage in areas frequented by staff providing information about choking and the handling of choking emergencies.

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