

Division of Developmental Disabilities Services
Community Services
Health Care Services Protocol #6
Aspiration/Choking Guidelines

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I. Objective:

To effectively identify individuals who are at risk for choking/aspiration; and to provide staff with appropriate interventions to manage safe eating practices.

II. Definitions:

1. Aspiration: The inhaling of foods, liquids or foreign objects into the lungs.
2. Choking: Choking is the blocking of the airway by food, liquids or foreign objects.

III. Standards:

- A. An Aspiration/Choking Risk Assessment shall be completed by the consultative nurse when individuals are admitted into Residential Services. (Exhibit A)
- B. Re-assessment shall be completed at any time there is a change in health status or any risk factor is identified. (See Exhibit B). The exhibit is intended as a list of examples/references and not an all-inclusive list of risk factors.
- C. The results (score) of the Aspiration/Choking Assessment shall be documented in the Aspiration Risk Assessment section of the ECHAT. The assessment form is to be sent to HIM.
- D. Individuals identified at high risk, **who do not have existing interventions established**, must have immediate action taken to ensure their safety is maintained. If an existing plan is in place that is effective for the individual, no further action is needed.
- E. The regional nursing supervisor or agency nursing director must be immediately notified for individuals newly assessed at moderate or high risk. The regional nurse

supervisor or agency nursing director must ensure proper safety measures are implemented immediately.

- F. Each provider agency will maintain a current policy and ensure staff are educated and trained on aspiration/choking risk and safety measures.
- G. The outcome of the assessment shall be discussed with appropriate team members and an appropriate plan developed during the annual ELP meeting or when a change in the risk assessment is identified.
- H. An Individual assessed at moderate to high risk must have:
 - The risk addressed under the “Significant Medical Condition” section of the ELP Nursing Assessment
 - The needed Safety Supports, interventions and education outlined for staff to follow.
- I. Modified diet and or liquid consistency must be provided for the individual for all oral intake.

IV. Recommended Assessments and Follow-up Based on Results of the Assessment:

- A. Minimal Risk (Score 1-3)
 - No action warranted
- B. Moderate Risk (Score 4-6)
 - Referral to health care practitioner for evaluation with request for swallow study.
 - Request for speech therapy consultation to determine if dietary modification and/or the use of adaptive feeding equipment is required.
 - Team assessment of environmental or behavioral issues related to eating and aspiration/ choking risk.
 - During evaluation period, request for additional staff observation during mealtimes.
 - The above are to be completed if interventions are not already in place or are not sufficiently addressing support needs.
- C. Severe Risk (Score 7 & Above) For those newly assessed at this level or having an increase in score with noted difficulties:
 - All of Section B and
 - Immediately contact physician for further guidance.

V. Staff Education and Training:

- A. All newly hired staff shall complete the College of Direct Support's Aspiration Risk Module within the first 90 days of hire.
- B. If an individual, following the completion of the Aspiration/Choking Risk Assessment, is identified at a moderate or severe risk, the nurse must provide education and training to the Residential, Shared Living and Day Program staff.
- C. Attached five exhibits
(B through G) For additional education purposes.

VI. Individuals Requiring Conscious Sedation:

- A. Individual must have appropriate preparation prior to procedure (i.e. nothing by mouth at least 8 hours before; medications dependent on instructions from practitioner).
- B. Following the procedure monitor the individual in the practitioner's office until alert and responsive to voice and touch. Individual should be able to remain in an upright position without assistance before transporting home.
- C. Two staff must be available to transport the individual home from procedure when conscious sedation is used, one staff to drive and one staff to monitor the individual for potential changes in consciousness or ability to breathe.
- D. At home following the procedure individual should be allowed to rest , but monitored one on one (in eyesight) at all times until individual is alert, responsive and back to baseline. Once the individual is back to baseline they should be monitored for changes every 15 minutes for the next eight hours.
- E. Ensure the individual can remain upright and back to baseline before offering medications, fluids, or food.
- F. Slowly introduce food and drinks, starting with sips of clear liquids (thickened if an individual's diet requires).
- G. Should the individual vomit; hold food and drink for 2 hours then slowly introduce food and drinks, starting with clear liquids (thickened if an individual's diet requires).
If vomiting continues, seek medical attention.
- H. If no further vomiting, progress to ordered diet.

- I. If individual's condition declines (i.e. becomes lethargic, difficult to arouse or demonstrates symptoms of respiratory distress; 911 should be initiated).

VII. References:

Central State Hospital. (n.d.). Retrieved February 12, 2010, from

<http://centralstatehospital.org/HIMD%20FORMS/20040521%20csh1006%20i.pdf>

<http://centralstatehospital.org/HIMD%20FORMS/20040521%20csh-1006.pdf>

State of New Jersey, Department of Human Services, Division of Developmental Disabilities. (2010, December 15). Health and safety alert choking. Retrieved October 31, 2014, from

http://www.state.nj.us/humanservices/ddd/documents/Documents%20for%20Web/Choking_Alert_0111.pdf

New York State. Office for People with Developmental Disabilities (2012, March 22).

OPWDD choking prevention initiative; preparation guidelines for food and liquid consistency. Retrieved October 31, 2014 from

<http://www.opwdd.ny.gov/node/1948>



**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
ASPIRATION/CHOKING RISK ASSESSMENT**

Name: _____ MCI#: _____ DOB: _____ Site: _____

ASSESSMENT CATEGORIES	SCALE	DATE	DATE	DATE	DATE
DEVELOPMENTAL DISABILITY AND DIAGNOSIS					
Mild Intellectual Developmental Disability	0				
Moderate Intellectual Developmental Disability	1				
Severe Intellectual Developmental Disability	1				
Profound Intellectual Developmental Disability	2				
MEDICAL DIAGNOSIS					
Cerebral Palsy	1				
History of Gastric Reflux	1				
Previous episodes of aspiration/aspiration pneumonia	3				
Tongue thrust	1				
CVA	2				
Degenerative Neurologic Disease	2				
Parkinson's/Huntington's Diseases	2				
Other Movement Disorders	1				
Seizure Disorder	1				
Dementia	1				
PICA	2				
Sleep Apnea	1				
Other Concern	1				
PHYSICAL CONDITIONS					
Difficulty chewing	1				
Absence of chewing	2				
Edentulous	1				
Difficulty swallowing	1				
Gagging or choking on food and/or liquids	1				
Positive (abnormal) swallowing study	1				
Barium swallow positive for aspiration	2				
Other Condition	1				
EATING HABITS					
Feeds self independently	0				
Needs assistance to eat	1				
Feeds self too fast (picks mouth with food)	1				
Totally dependent for eating	2				
Any modified consistency and/or liquids	3				
Other Concern	1				
SEATING POSITION					
Sits at table in regular chair	0				
Wheelchair:					
Upright	1				
Semi-recline	2				
Poor Positioning	2				
Other Concern	1				
MEDICATIONS					
Any medication that causes sedation	1				
Any psychotropic medication	1				
Other Concern	1				
SCORE					
TOTAL SCORE:					

RISK SCORE (1-3) minimal

RISK SCORE (4-6) moderate

RISK SCORE (7 and above) severe

SIGNATURE:

DATE:

SIGNATURE:

DATE:

Medications That Increase Aspiration Risk

Benzodiazepines	Neuroleptics	Anticonvulsants	Corticosteroids	Lipid-lowering drugs	Anticholinergics	Potassium
Antineoplastics	Antidepressants	Anxiolytics	Calcium channel blockers	Antiparkinson agents	Antihistamines	Anticonvulsants
Antibiotics	Iron preparation	Quinidine	Nonsteroidal Anti-inflammatory drugs	Diuretics	Narcotics	Muscle relaxants

Common Choking Hazards

Popcorn	Potato Chips	Fruit seeds	Hotdogs & Sausages	Hard Candies	Raw Carrots
Potato Salad	Grapes	Raisins	Peanuts & nuts	Chunks of meat	Apple chunks
Coins	Balloons	Jewelry	Toys with small parts	Small balls & marbles	Arts & Crafts

Aspiration/ Choking Prevention

Feed small amounts w/ recommended consistency & Texture (no more than 1/2 Teaspoon)	Remain upright for 30 minutes
Avoid excessive sedation	Take at least 20 minutes for meal time
Provide oral care	Proper positioning
Make sure they have swallowed the first bite before presenting another	Maintain a pleasant eating atmosphere

Risk Factors for Aspiration/ Choking

Food remaining on the tongue after swallowing	Poorly fitted, damaged denture or edentulous
Pocket of food on side of mouth	Neglected oral care
Excessive drooling	Use of medications that may affect swallowing- See Exhibit B
Coughing or choking while eating or drinking	Onset of illness which may affect physical ability
Gargling- sounding voice after eating or drinking, throat clearing	Unplanned weight loss
Rumination	PICA Behavior
Inability to maintain posture	Changes in voice
Past and present eating habits (shoveling/ Rapid Ingestion, Food Stealing)	Nasal regurgitation
Any history of aspiration pneumonia	Nasal discharge during meals
Poor appetite which may stem from fear of choking	Frequent urinary tract infections

MECHANICAL SOFT DIET

Food Group	Foods Allowed    	Foods To Avoid  
<p>Vegetables</p> 	<p>Well-cooked vegetables hand-cut into ½-inch size pieces; raw salads and raw vegetables mechanically chopped into ¼ inch size pieces</p>	<p>Whole kidney beans; brussel sprouts; raw vegetables and raw salads (unless mechanically chopped)</p>
<p>Soups</p> 	<p>All soups except soups with large chunks of meat.</p>	
<p>Desserts</p> 	<p>Ice cream (with toppings smaller than ½ inch in size); fruit ice; sherbet; Oreo cookie shakes and ice creams; pudding; custard; custard-type or cream pie filling (no crust except graham cracker crust); Jell-O; yogurt; moist cakes with icings (no candy decorations); cupcakes and snack cakes; soft fruit or fig bars; soft doughnuts; soft marshmallow cream cookies or cakes; chocolate candy bars; peppermint patties; chocolates with cream filling; soft fudge</p>	<p>Those with nuts or candy bar pieces (such as: candy bar blizzards); chewy candy (such as: caramels, taffy, toffee, licorice); granola bars; hard candies; chewing gum; chewy marshmallow candy; jelly beans; gummy bears; gumdrops</p>
<p>Miscellaneous</p> 	<p>Margarine; plain gravies; cream cheese; cheese spreads; mayonnaise; sugar; salt; herbs; spices; jelly; preserves; condiments; relish; puffed cheese curls; cheese balls; potato chips; dips for chips and vegetables</p>	<p>Fried snacks (such as: corn and nacho chips); popcorn; marshmallow fluff; marshmallows</p>

TOTAL GROUND DIET

Food Group	Foods Allowed ☺ ☺ ☺ ☺	Foods To Avoid ☹ ☹
<p>Vegetables</p> 	<p>Mechanically chopped canned and cooked vegetables (except corn, which must be pureed). Pureed raw vegetables and salads.</p> <p>Tomato soup; broth or bouillon</p>	<p>Whole corn unless pureed; raw vegetables and salads unless pureed; all cooked vegetables unless mechanically chopped.</p> <p>All soups unless mechanically chopped.</p>
<p>Desserts</p> 	<p>Pureed Jell-O; soft-serve ice cream; fruit ice; sherbet; frozen yogurt; milkshakes; puddings except rice pudding which must be pureed; custard; custard pie filling; cheesecake filling; mousse; plain and fruit flavored yogurt; cakes or cookies softened with thickened milk. Cakes, cookies or muffins containing textured ingredients must be pureed. Whipped toppings; chocolate syrup; caramel syrup; *popsicle; *fudge/sicle</p> <p>Butter; margarine; plain gravy (no chunks); mayonnaise; sugar; salt; herbs; spices; jelly; syrup; condiments; grated cheese; pickle relish; cheese sauce</p> <p>*Use appropriate caution and supervision when food items contain a stick.</p> <p>*Individuals on thickened liquid diets may not have popsicles and fudge/sicles.</p>	<p>All desserts or toppings with nuts, seeds, raisins, coconut, candy bar pieces or any chunks. Regular cake and cupcakes unless softened with thickened milk. Cookies and crackers unless softened with thickened liquids; no candies or pie crusts. Cakes, cookies, pies, brownies and cupcakes with lumpy ingredients must be pureed.</p> <p>All others including bacon bits, pickles, preserves, salsa.</p>
<p>Miscellaneous</p> 		

PUREED DIET

Exhibit E

Food Group	Foods Allowed ☺ ☺ ☺ ☺	Foods To Avoid ☹ ☹
Meat, Fish, Poultry, Cheese and Eggs	Pureed poultry; pureed meat; pureed fish; pureed cottage cheese; pureed eggs	All other meats and fried or hard cooked egg.
Breads, Cereals and Starches	Whipped or mashed potatoes; pureed sweet potatoes; pureed rice and pastas; cooked cereals (except oatmeal which needs to be pureed)	Breads and crackers; all dry cereals; oatmeal except if pureed; dry bread crumbs; all other potatoes, pastas and rice
Fruits and Juices	Pureed fruits; applesauce	All non-pureed fruits
Vegetables	Pureed vegetables; tomato juice (thickened if needed)	All others
Soups	Tomato soup; broth and all pureed soups (thickened if needed)	All non-pureed soups (except tomato soup and broth)
Desserts	Pureed Jell-O; plain pudding, custard or custard pie fillings; plain yogurt or yogurt with pureed fruits; pureed desserts; pureed cake and cookies; chocolate syrup; caramel syrup	All others; rice pudding and tapioca pudding must be pureed.
Miscellaneous	Butter; margarine; plain gravy (no lumps); sugar; mayonnaise; salt; herbs; spices (such as garlic or onion powder); jelly; mustard; ketchup	All others including grated cheese; tartar sauce; relish; jam; preserves; chunky salad dressings; chopped or minced garlic or onion

Mechanical Soft Diet – This diet consists of soft foods that are easy to chew. With the exception of meats which should be served mechanically ground and raw fruits and vegetables which should be served mechanically chopped, other foods should be hand chopped into ½ inch size (or smaller) to aid chewing.

Actual ½ Inch Size



Total Ground Diet – This diet consists of food for individuals who are unable to chew food. All foods will be mechanically chopped or mechanically ground into one-quarter inch size pieces; corn, raw vegetables, salads, rice and textured muffins will be served pureed as specified by menu). The menu modification sheets will list the appropriate substitute at each meal for bread and rolls (e.g. an extra 4 oz of the starch or an extra 2 oz of the casserole). Cakes, cookies, pancakes, French toast and waffles will be moistened in thickened milk (by the Dietary Department). Textured cakes and cookies will be pureed.

Actual ¼ Inch Size



Pureed Diet – This diet consists of food for individuals who are unable to chew food. All foods are blenderized to a smooth, moist consistency. The menu modification sheets will list the appropriate substitute at each meal for bread and rolls (e.g. an extra 4 oz of the starch or an extra 2 oz of the casserole).

The following list of foods contains acceptable choices for individuals on Mechanical Soft, Total Ground and Pureed Diets. Exceptions can be made on an individual basis with the approval of the Speech Language Pathologist. A speech referral needs to be sent to Therapy Services and an evaluation by the Speech Language Pathologist needs to be done. If she finds that an individual may have snacks outside his/her diet consistency, then the exceptions will be added to his/her Mealtime Guide sheet. Only the Speech Language Pathologist is allowed to make exceptions to an individual's diet consistency.

LIQUID CONSISTENCIES

The texture of the liquid an individual receives is recommended by an Occupational Therapist or Speech Pathologist and is ordered by a Doctor.

The texture of food should not be thinner than the prescribed liquid consistency.

- ❖ **Thin:** Includes all liquids, Jell-O, sherbet, Italian ice, and ice cream. This consistency is considered non-restrictive. Nothing is added .
- ❖ **Nectar:** Apricot or tomato juice consistency; some liquids will require a thickening agent to reach this consistency.
- ❖ **Honey:** Liquids can still be poured, but are very slow. Liquids will require a thickening agent to be added to achieve this consistency.
- ❖ **Pudding:** Liquids are spoonable, but, when spoon is placed upright, it will not stay upright.



Remember that all thickening agents whether commercial (Thick-It, Thick and Easy) or non-commercial food items (instant potatoes, baby fruits, baby cereal etc.) add extra calories to the foods or liquids they are added to. If the individual is on a reducing diet, these calories must be considered. The dietitian must be advised if a thickening agent is to be used.