

**Learning Disabilities Speech and Language Therapy**

**Choking Decision Making Tool & Action Plan**

**This tool is designed to gather detailed information about the choking incident and any actions that need to be carried out to reduce the risk of further incidents of choking.**

**This tool should be completed alongside the Care Provider’s own documentation.**

**Choking Decision Making Tool**

A flowchart of a patient

Description automatically generated

**Choking Action Plan**

**To be completed and returned to the Speech and Language Therapy (SLT) service**

**within 48hrs of incident.**

**Complete for incidents of ‘true’ choking only (see above Choking Decision Making Tool).**

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| --- | --- | --- | --- | --- |
| **Service user:** |  | | | |
| **NHS Number:** |  | | | |
| **Name and role of person completing:** |  | | | |
| **Contact details** | **Telephone:** | | | |
| **Email:** | | | |
| **Date completed:** |  | | | |
| Date and Time of choking incident: |  | | | |
| Is this the first time they have choked? | Yes | | No | |
| If no, please include details of previous choking incident/s: |  | | | |
| Does the person have an existing Eating and Drinking (E&D) Care Plan written by an SLT? | Yes | | No | |
| If yes, when were they last seen by an SLT? | Date: | | | |
| Where did the choking incident happen? |  | | | |
| Describe the environment, e.g. busy, quiet, noisy, etc. |  | | | |
| Describe the level of supervision or support being provided by carer at the time. |  | | | |
| What was the person eating when they choked? |  | | | |
| How was the food prepared, e.g. IDDSI level and size of piece. |  | | | |
| Was anything noticed leading up to the incident? e.g. raised anxiety, distractions, change in health/well-being, etc. |  | | | |
| What intervention was needed? e.g. verbal prompt to cough, back blows, abdominal thrusts, 999 call, etc. |  | | | |
| Following the use of back blows and/or abdominal thrusts, advice should be sought from a medical professional.  Did this happen? | Yes – provide details: | | No | N/A |
| Was any other support needed afterwards? | Yes (describe): | | No | |
| Were there any short-term aftereffects?  (e.g. shortness of breath, reluctance to eat, distress, discomfort, vomiting, etc.) | Yes (describe): | | No | |
| Have there been any long-term aftereffects? (e.g. reluctance to eat, anxiety at mealtimes, hospital admission, etc.) | Yes (describe): | | No | |
| Since the incident, have there been any changes put in place? (e.g. food, fluids, environment, support offered, etc.) | Yes (describe): | | No | |
| Is there a Provider Risk Assessment in place that addresses a choking risk? | Yes | | No | |
| Have carers had dysphagia awareness training? | Yes | | No | |
| Have carers had first aid training including management of choking? | Yes | | No | |
| Have the relevant family members been notified of this incident? | Yes | No | If not, who will notify them? ………………………………. | |
| Has the GP been notified of this incident? | Yes | | No | |
| If the person’s E&D Plan was not followed (e.g. wrong texture, not prepared correctly, not supervised appropriately, etc.) a safeguarding referral should be completed. Has this been carried out? | Yes | No | N/A | |
|  | | | | |
| **Please consider the below risk factors and action as necessary:** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Potential Risk Factors**  (Tick as applicable) | | | **Recommended Actions**  (Tick ONLY if applicable / completed) | **Action applicable?** | **Action completed?** |
|  | The person has an E&D Care Plan and has mental capacity to make decisions around eating and drinking. This choking incident was a result of an ‘unwise’ decision. | | Ensure capacity assessment is recorded. |  |  |
|  |  | | Revisit the E&D Care Plan/ Accessible Care Plan with the person. |  |  |
|  | The person is unable to understand the risks related to swallowing safely and how to protect themselves from this. | | If appropriate, ensure the individual has had accessible information at the right level and format on this issue. |  |  |
|  |  | | Refer to SLT for assessment\* |  |  |
|  | The person is expressing (either verbally or non-verbally) that they are finding it difficult to eat or drink. | | Observe and identify possible sources of pain. |  |  |
|  |  | | Seek medical advice. |  |  |
|  |  | | Refer to SLT for assessment\* |  |  |
|  | Uncontrolled seizure activity when eating and/or drinking. | | Seek medical advice. |  |  |
|  | The person is having difficulty sitting up and maintaining a stable position when eating and drinking. | | Refer to LD Physiotherapy\* |  |  |
|  | The person has never been assessed by an SLT and/or they are suspected to have increased difficulty eating and drinking:  *(Tick below as relevant)* | | **Refer to SLT for assessment**\*  ***In addition****, the following actions are advised:* |  |  |
|  | | Excessive coughing or wheezing during and/or after eating or drinking. |  |  |  |
|  | | Difficulty with chewing or unable to chew. | à Check individual’s mouth and teeth. |  |  |
|  | | Pushing food forcefully to the back of the mouth. |  |  |  |
|  | | Reduced level of alertness or increasing fatigue when eating or drinking. | à Support the person to eat when alert (smaller more frequent meals may help). |  |  |
|  | | Food left in mouth or cheeks after swallowing. |  |  |  |
|  | | Inhaling suddenly or breathing seems uncoordinated when eating or drinking. | à Seek medical advice. |  |  |
|  | | Food or liquids coming out of nose. | à Seek medical advice. |  |  |
|  | | Recent changes to medication which may be impacting on eating, drinking or swallowing. | à Seek medical advice. |  |  |
|  | An increase in behaviour that might put the person at higher risk of choking, e.g.:   * fast pace * cramming * communicating with mouth full * reduced chewing for foods that require more chewing * washing down food with a drink * movement | | Ensure level of supervision and prompts are appropriate. |  |  |
|  |  | | If guidance in the current E&D Care Plan is no longer meeting the person’s needs or there is no E&D Care Plan in place, refer to SLT for assessment\* |  |  |
|  | Pushing fingers or non-food items forcefully to the back of the mouth. | | Refer to LD Psychology\* [mailto:CTALDHealthReferrals@somersetft.nhs.uk](mailto:CTALDHealthReferrals@SomersetFT.nhs.uk) |  |  |
|  |  | | Seek medical advice. |  |  |
|  | Suspected acid reflux, gagging or vomiting around mealtimes | | Seek medical advice |  |  |
|  | Missing teeth, suspected dental pain, ill-fitting dentures, dental caries or poor oral health or hygiene | | Seek dental advice.  Ensure oral hygiene practices are adequate. Find more information here:  [Home - Mouth Care Matters (hee.nhs.uk)](http://www.mouthcarematters.hee.nhs.uk/index.html) |  |  |
|  | Person is significantly distractible while eating and drinking. | | Ensure level of supervision and organization of room or seating to reduce distractions in the environment. |  |  |
|  | The person does not have capacity and they are accessing food of a texture not recommended in their E&D Care Plan. | | Ensure level of support is appropriate to remove risk of accessing unsafe food. |  |  |
|  |  | | Provider to complete risk assessment. |  |  |
|  |  | | If restricting access to food is appropriate, ensure best interest and legal processes are followed. |  |  |
|  | History of pica (eating non-food items). | | Monitor environment for potential choking hazards. |  |  |
|  |  | | Provider to complete risk assessment. |  |  |
|  | Inadequate staffing or support levels impacting on choking incident(s). | | Refer to Safeguarding. |  |  |
|  |  | | Refer to Adult Social Care for a review. |  |  |
|  | Difficulty swallowing tablets. | | Contact prescriber to discuss alternative forms of medication. |  |  |

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| --- | --- | --- |
| **Summary of actions taken – provider to complete.** | **By whom?** | **By what date?** |
|  |  |  |

**Please complete all the above and return to Speech and Language Therapy at:** [**CTALDHealthReferrals@SomersetFT.nhs.uk**](mailto:CTALDHealthReferrals@SomersetFT.nhs.uk)

**\* All referrals to the Specialist Learning Disabilities Care Team can be made to this address.**

**Further information and resources about how to prevent choking incidents can be found at** [**Help Stop Choking | Belfast Health & Social Care Trust website**](https://belfasttrust.hscni.net/service/speech-and-language-therapy/help-stop-choking/) **(https://belfasttrust.hscni.net/service/speech-and-language-therapy/help-stop-choking/)**

**If you would like to give any feedback about how this risk assessment could be improved, please contact your local Speech and Language Therapist.**