

3.8 Choking

Adult Conscious Choking

Priority #1: Scene Assessment

- Stay Calm (*I can help you!*)
- Assess for hazards (*look at what they might have choked on*)
- Find out what happened (*what happened? OR Are you choking?*)
- Exposure Protection (*be cautious*)

- Consent (*Can I help you?*)

Priority #2: Primary Survey

- LOC Check: (*Are they ok to be standing?*)
- d-Spine: (*not likely*)
- ABC's: (*Are they getting oxygen or not?*)
 - Assess the quality of breathing
 - Look at skin colour or signs of cyanosis
 - Listen for whistling or wheezing
 - Look at level of anxiety

If patient IS getting oxygen (mild obstruction), then

- Calm patient
- Support patient
- Encourage to keep coughing
- Monitor for changes

If patient is NOT getting oxygen (severe obstruction), then

- Support patient
- Landmark and give 5 abdominal thrusts
- Lean patient and give 5 back blows
- Continue until something changes
- Phone 9-1-1

NOTE: If the patient is pregnant or obese, then do **chest** thrusts instead of abdominal thrusts.

NOTE: If the rescue is successful, patient still needs medical attention

NOTE: If patient goes unconscious, then 1) Support them to ground 2) phone 911 and get AED 3) Start Compressions

Adult Unconscious Choking

Priority #1: Scene Assessment

- Stop and look (*walk around patient and look up and down*)
- Assess for hazards (*gas, glass, fire, wire, trucks, shmucks*)
- Find out what happened (*what happened?*)
- Exposure Protection (*put on your gloves*)

Priority #2&3: Primary Survey and EMS Call

- LOC Check: (*Pinch and Shout*)
- Phone 9-1-1 and get AED
 - Get someone else to phone 9-1-1 now.
(*Hey you! go phone 9-1-1 and report back to me*)
 - Get someone else to look for an AED
(*Hey you! go look for an A.E.D. and report back to me*)
- d-Spine: do I need to hold the neck still?
(*if you need to immobilize the neck, use one of the clamps we learned or find some sand bags*)
- ABC's: head tilt, chin lift, check for effective breathing (5 seconds)

If not breathing normally, then

Do CPR immediately

- 30 Compressions, center of the chest, 2 inches deep, 100 bpm
- Attempt a breath

If your breath does not “go in”, then

- Reposition the airway (and pocket mask) then try again

Do CPR immediately

- 30 Compressions, center of the chest, 2 inches deep, 100 bpm
- Look in the mouth (if you see object, then remove it)**
- Attempt a breath
- Reposition the airway (and pocket mask) then try again

Repeat Until

- AED Arrives
- EMS Arrives
- The patient shows signs of life
- You can't do CPR anymore

Child/Infant Unconscious Choking

Priority #1: Scene Assessment

- Stop and look (*walk around patient and look up and down*)
- Assess for hazards (*gas, glass, fire, wire, trucks, shmucks*)
- Find out what happened (*what happened?*)
- Exposure Protection (*put on your gloves*)

Priority #2&3: Primary Survey and EMS Call

- LOC** Check: (*Pinch and Shout*)
- Phone 9-1-1 and get AED
 - Get someone else to phone 9-1-1 now.
(*Hey you! go phone 9-1-1 and report back to me*)
 - Get someone else to look for an AED
(*Hey you! go look for an A.E.D. and report back to me*)
- d**-Spine: do I need to hold the neck still?
(*if you need to immobilize the neck, use one of the clamps we learned or find some sand bags*)
- ABC**'s: head tilt, chin lift, check for effective breathing (5 seconds)

If not breathing normally, then

Do CPR immediately

- 30 Compressions, center of the chest, 2/1.5 inches deep or 1/3 of chest,
- Attempt a breath

If your breath does not “go in”, then

- Reposition the airway (and pocket mask) then try again

Do CPR immediately

- 30 Compressions, center of the chest, 2 inches deep, 100 bpm
- Look in the mouth (if you see object, then remove it)**
- Attempt a breath
- Reposition the airway (and pocket mask) then try again

Repeat Until

- AED Arrives
- EMS Arrives
- The patient shows signs of life
- You can't do CPR anymore

NOTE: For a child/infant, if you are by yourself and need to phone 9-1-1, then DO TWO MINUTES OF CPR prior to calling 9-1-1 and locating an AED.

Infant Conscious Choking

Priority #1: Scene Assessment

- Stay Calm (*I can help you!*)
- Assess for hazards (*look at what they might have choked on*)
- Find out what happened (*what happened? OR Are you choking?*)
- Exposure Protection (*be cautious*)

- Consent (*Can I help you?*)

Priority #2: Primary Survey

- LOC Check: (*Are they ok to be standing?*)
- d-Spine: (*not likely*)
- ABC's: (*Are they getting oxygen or not?*)
 - Assess the quality of breathing
 - Look at skin colour or signs of cyanosis
 - Listen for whistling or wheezing
 - Look at level of anxiety

If patient IS getting oxygen (mild obstruction), then

- Calm baby
- Support baby
- Encourage to keep coughing
- Monitor for changes

If patient is NOT getting oxygen (severe obstruction), then

- Support baby face-down on knee
- 5 Back Blows
- Lay baby on floor and do 5 Chest Compression
- Continue until something changes
- Phone 9-1-1

NOTE: If the rescue is successful, baby still needs medical attention

NOTE: If baby goes unconscious, then 1) Support them to ground 2) phone 911 and get AED 3) Start Compressions