

CHOKING

Choking is a problem where a blockage in the airways restricts or prevents breathing. Choking may be caused by inhalation through:

- Eating or drinking
- Running and stumbling whilst eating or drinking
- Inadequate chewing of food where a piece blocks the airway
- Swallowing splinters of bone/foreign material which lodge in the airway
- Laughing or crying whilst eating or drinking

Choking Signs and Symptoms in the Conscious Casualty

Mild Airway Obstruction Effective Coughing	Severe Airway Obstruction Ineffective Coughing
Noisy breathing Wheezing	Inability to breathe, speak, cry or cough Clutching the throat Increasing blueness of the face, neck, lips, ears and fingernails

Management of the conscious casualty

Mild airway obstruction

- Lean the conscious casualty forward
- Encourage the casualty to relax and breathe deeply
- Encourage casualty to cough to remove the object
- If the obstruction persists for more than a few minutes, call an ambulance (000)

Severe airway obstruction - (casualty is conscious)

- Call an ambulance (000)

Back blows

- Deliver up to 5 back blows, checking after each to see whether the blow has relieved the obstruction.
- **NOTE:** The aim is to free the obstruction rather than give all 5 back blows.

Method for delivering back blows

- Position: Adults or large children may either stand or sit. Small children or infants may be placed head downwards along or across rescuer's thighs.
- Blows: Using the heel of one hand deliver a sharp blow in the middle of the back between the shoulder blades.



If the back blows are unsuccessful:

Chest thrusts

- Deliver up to 5 chest thrusts, checking after each to see whether the thrust has relieved the obstruction.
- **NOTE:** The aim is to free the obstruction rather than give all 5 chest thrusts.

Method for delivering a chest thrust

- Position: Adults or children may either sit or stand against a firm support (wall or chair back). Infants should be placed in a head upwards i.e. supine position along a rescuer's thigh with their head supported.
- Chest thrust: Apply a sharper but slower compression than that used when giving CPR, to the centre of the chest.

If the obstruction is not relieved and the casualty is still conscious, continue alternating back blows with chest thrusts.



Management of the unconscious choked casualty

- DRAB - Attempt finger sweep if foreign material is visible
- Call 000
- Attempt 2 rescue breaths
- Commence CPR