



DYSPHAGIA, CHOKING, and ASPIRATION

DEFINITIONS

This document provides important information about dysphagia, choking, and aspiration. These conditions can pose significant risks to people supported by the Department of Developmental Services (DDS), including people with intellectual and developmental disabilities and people with brain injuries and other disabilities.

- *Dysphagia* refers to difficulty swallowing, which can lead to choking or aspiration.
- *Choking* refers to an obstruction or blockage of a person's airway that interferes with breathing. This is an emergency if the person is unable to clear their airway on their own by coughing.
- *Aspiration* happens when food, liquid, or stomach contents enter the airway and potentially the lungs. This can lead to aspiration pneumonia. While most people cough when they aspirate, some do not, a condition known as silent aspiration. Frequent aspiration can cause permanent lung damage.

CLINICAL RISKS AND CAUSES

Recognizing the risks of dysphagia, aspiration, and choking is crucial. These conditions are common among individuals with intellectual and developmental disabilities and individuals with brain injuries or other disabilities due to:

- Neurological and muscular disorders like cerebral palsy, seizure disorders, Parkinson's, ALS, Dementia, Alzheimer's and Multiple Sclerosis
- Few or no teeth
- Aging
- Decreased level of awareness
- Medication side effects, particularly psychotropic medications
- Gastroesophageal reflux disease (GERD)
- Difficulty swallowing or moving food around the mouth
- Fatigue or difficulty managing food in the mouth
- Substance use (for example, alcohol)

For people DDS supports, here are some other common causes of choking and aspiration. Many of these can be avoided with staff assistance and support.

- Poor posture while eating
- Putting non-food items into the mouth



- Poorly fit dentures
- Not chewing adequately
- Eating too fast
- Putting too much food in one's mouth at one time
- Being distracted while eating
- Lack of appropriate supervision
- Poor oral motor skills
- Incorrect diet texture or food size
- Diet is not communicated from setting to setting or to new staff working with the individual
- Eating something with two or more diet textures, especially anything with a thin liquid and a solid component, such as cereal and milk or eating a hot dog and drinking a soft drink at the same time
- Impulsive behavior during meals: overstuffing food in the mouth or stealing food or guzzling liquids
- Dry mouth due to medications or interactions; failing to alternate between bites and sips
- Failing to maintain 90-degree seating while eating/failing to remain seated for 45 minutes post feed

WARNING SIGNS THAT A PERSON IS HAVING SWALLOWING DIFFICULTY

Some of the signs and symptoms of difficulty swallowing listed below can occur during or after meals.

- Gurgle/wet voice quality
- Weight loss for unknown reason/malnutrition
- Frequent respiratory infections
- Dehydration
- Aspiration pneumonia
- Low-grade temperature or spiking a fever 30 minutes to 1 hour after meal
- Prolonged change in appetite
- GERD (Regurgitating food/vomiting/gagging/rumination)
- Coughing or excessive throat clearing during meal or after meal
- Food remaining in the mouth after eating/swallowing (pocketing)
- Audible and/or multiple swallows on a single mouthful of food or liquid
- Incidents requiring the use of the Heimlich Maneuver
- Food or liquids coming out of the nose
- Initially very hungry but quickly becomes disinterested in eating



FOODS COMMONLY ASSOCIATED WITH CHOKING

Even if a person does not have a documented choking risk, certain foods can increase the risk of choking for everyone:

- **Meat** is a leading cause of choking incidents. This category includes foods such as hamburgers, hot dogs, sandwiches, ham, steak, and chicken (whether on or off the bone).
 - **Hot dogs**, especially those with skin, are associated with choking incidents. It is recommended to serve only skinless hot dogs, as those with skin require a stronger bite to break off a piece, often resulting in too large a portion to chew. Additionally, they are also harder to chew, and when combined with a soft roll, the choking risk increases. It is also recommended to slice skinless hot dogs lengthwise before serving to those who do not have any special food texture requirements. This may help minimize the risk of choking as the bite will no longer be round and have the potential to block the airway entirely in a choking episode.
- **Peanut butter** lodged in the throat is extremely difficult to remove. The combination of peanut butter and partially chewed or soft bread can create an obstruction that can block the airway.
- **Small, round, and slippery** food can be a choking risk. These include but are not limited to grapes, apples, orange slices, pineapple chunks, grapefruit sections, hard candy, marshmallows, baby carrots, bananas, and raisins.

This is not a comprehensive list of foods that may be a choking risk. Also, this is not a list of foods that are prohibited, rather individuals and staff should be aware of the potential risks. Any restrictions on food must be addressed through a dietary plan/Health Care Provider order.

Pills, if given whole or by handful, can cause choking. For individuals with swallowing difficulties, alert the swallowing specialist to determine if medications can be administered in a way that reduces the risk of choking. For example, pills can be given one at a time or in a thickened liquid if pharmacologically safe. Grinding the pills, if allowed by the pill manufacturer, may be an option and can be discussed with the team. For individuals supported by programs with MAP (Medication Administration Program), a health care provider (HCP) order is required to crush medications or to administer with food, such as applesauce."

SIGNS OF CHOKING:

- Inability to talk or make sounds
- Inability to cough forcefully
- Clutching throat



- Wide-eyed panicked or confused look
- Difficulty breathing or noisy breathing
- Skin, lips, or nails turning blue or dusky
- Loss of consciousness

WHAT TO DO

If someone is choking, follow your first aid training.

Reasons to call 911 include (but are NOT limited to) if the person:

- Has difficulty breathing
- Looks very ill
- Appears blue, can't talk or make a sound or is not breathing (Attempt Heimlich Maneuver)
- Is signaling that they are choking

NOTE: There are other times when calling 911 will be appropriate. Caregivers need to use individual judgment and call 911 if concerns exist that the client is experiencing a medical emergency.

If the Heimlich Maneuver is used, complete an incident report, and ensure the individual sees a healthcare provider to confirm the airway is clear and no injury occurred.

Monitor for aspiration pneumonia (fever, cough) for 48-72 hours and report symptoms to a healthcare provider.

If you think someone who you work with is having swallowing or aspiration problems:

- Document and report observations to staff and supervisors
- Offer foods that the person seems to tolerate better
- Stop the meal if the symptoms worsen and report it to the nurse or your supervisor according to your agency's policy
- Have the person eat at a slow pace
- Notify the healthcare provider about concerns

A speech or occupational therapist may be needed for a formal swallowing evaluation. Follow all medical instructions carefully to ensure safety.



SAFE DINING GUIDELINES

If an individual has a dining protocol, follow it precisely. If anything is unclear, ask for guidance. Request assistance from familiar staff if you are not sure or do not understand a dining plan or protocol. Do not guess as you may be putting someone at risk.

Here are additional guidelines to help people eat safely:

- Check for upright posture, and make sure people are close to the table.
- Provide adaptive dining equipment as needed and as prescribed as specified by dining protocol/plan.
- Avoid large spoons (tablespoons), which can encourage overstuffing. No more than 1 flat teaspoon per bite. Consider adaptive equipment such as pediatric spoons.
- Serve small to moderate amounts of food at a time as per individual need to discourage overfilling of utensil and the mouth at one time. This will also decrease spillage and increase dignity when dining.
- Individuals should be sitting at 90 degrees while eating and remain sitting up for 45 minutes after eating.
- Serve small amounts of a beverage at a time. Encourage sips throughout the meal to help with safe swallowing. Allow for a drink at the end of the meal for clearing of mouth and throat. "Guzzling" beverages is an unsafe behavior.
- A fork provided for cut-up finger foods may promote a safer eating pace as needed.
- Consider encouraging one bite one sip-cyclic feeding. Avoid dumping food into one pile on the plate, e.g. pasta, chips, fruit, cereal bar. Separate food or offer separately.
- If an individual is established with a 1:1, with team discussion, consider hand under hand assist if the client will tolerate it- the assistant put their hand under the individuals while they eat. This may allow caregivers to prevent unsafe eating patterns.
- Report any suspected eating, chewing or swallowing problem to your supervisor.
- Offer the individual their glasses, hearing aids or dentures prior to dining.
- Eliminate distractions in the area where food is given. Try to reduce chaos and distractions in the environment. Eating should be fun, relaxing, and pleasurable. Turn down the television, play soft music and reduce clutter.
- **THERE IS NO SUBSTITUTE FOR CLOSE SUPERVISION DURING DINING!**



Note on determining the appropriate texture:

If swallow concerns exist, specialists with expertise in evaluating swallowing ability should assess and prescribe food textures and liquid consistencies (e.g., "juice with honey consistency"). Commercial thickeners like Thick-It may be required.

ENSURING DIETARY SAFETY DURING HOLIDAYS AND COMMUNITY OUTINGS

During the holidays and special events, a variety of foods are often brought into homes as gifts or for celebrations. It is essential to ensure that these foods are properly prepared to meet individual dietary requirements, as consuming improperly textured foods can pose serious health risks. Any food that does not meet a person's prescribed diet should be stored securely to prevent accidental access. Visitors should also be informed of dietary restrictions, and all food must be approved by knowledgeable staff or family members before being offered.

Beyond home settings, accommodating individuals with special dietary needs in community environments such as restaurants, outings, and day programs requires advanced planning and effective communication. Staff must be prepared to ensure that meals align with dietary guidelines, particularly for individuals at high risk of aspiration or choking. Strategies should include:

- Pre-planning for dining out, ensuring safe meal options are available.
- Clear communication of dietary restrictions to restaurant staff and caregivers.
- Ensuring that day program lunches meet prescribed dietary textures and consistencies to prevent choking or aspiration.
- Staff training on food safety, texture modifications, and supervision protocols to support safe eating practices in all settings.

DISCLAIMER

This material is being provided strictly to alert DDS/ABI/MFP staff and providers, families, individuals, and the public about the risks of dysphagia, choking, and aspiration. At no time is this alert to substitute for training nor is it to suffice as training. Staff should be trained on the individual needs of each person they work with and are expected and required to use their training to assist those people in need.