

DDD PREVENTION BULLETIN | HIGH-RISK FOODS AND STRATEGIES



Individuals with intellectual and developmental disabilities are generally at a higher risk of choking during mealtime. Food that is difficult to chew or swallow because of its shape, size, or texture further increases the risk of choking. As such, independent eaters, caregivers, and supporters should be aware of high-risk foods and recommendations to more closely supervise individuals during the consumption of these items.

Commonly choked on foods

Highest risk:

- Chicken
- Hot Dog/Sausage
- Pork Loin/Chop
- Sandwiches
- Baked Goods
- Raw Hard Fruits (apples, oranges, etc.)
- Raw Vegetables (carrot, celery, etc.)
- Pasta/Rice/Cereal
- Peanut Butter



Other risks:

- Hard/Sticky Candy
- Meat Chunks
- Popcorn
- Chicken on Bone
- Raisins
- Tossed Salads
- Marshmallows
- Hard Beans
- Grapes
- Canned Fruit
- Chewy Breads (Bagels, etc.)
- Rice
- Pretzels
- Potato/Corn/Tortilla Chips



Strategies

Some foods may have a higher risk for choking due to how it is prepared - it may be overcooked/undercooked, or the size/shape may affect how it is chewed/swallowed. Dry foods may be more difficult to move around the mouth, causing difficulty chewing and swallowing. Below are some strategies to help prevent choking on certain high-risk foods:

Sandwiches: Encourage extra condiments (i.e., mayonnaise, mustard) and cut the sandwich in half. Avoid “drier” parts of the sandwich (i.e., crust) if preferred by the individual.

Peanut Butter and Jelly Sandwich: Using more jelly than peanut butter can help make these sandwiches more moist for easier swallowing.

Baked Goods: Have the person alternate bites and sips of a beverage as these items can also be very dry.

Chicken: Ensure chicken is not overcooked and tough. Avoid pieces with excessive tendons or fat. Encourage boneless wings vs. bone-in wings with extra condiments/dipping sauce.

Hot Dog/Sausage: Encourage and provide extra condiments (i.e., ketchup, mustard, sauerkraut). Scoring a hotdog length-wise and across multiple times (like a football) can break up the casing, making it easier to break apart. Extra condiments help to increase moisture as well. ***Individuals on regular diets should be asked about cutting food items prior to any modifications. If this scoring is preferred, it should be documented in the ISP as a preference for the individual.*

Strategies (continued)

Drinking: Encourage oral hydration to prevent food from sticking in the throat (extra water/juice to alternate with food items), especially for individuals with a history of “dry mouth.”

Mouth Checks: Make sure mouth and throat are clear before taking additional bites.

Supervision: Ensure supervision is provided during meals, as many choking episodes occur in individuals with no history of swallowing difficulties. Mealtime supervision needs should also be documented in the Individual Support Plan.

Positioning: Ensure individuals are sitting upright for meals and for 30 minutes afterward (if tolerated) to allow for digestion.

Portions: Portioning out meals if the individual tends to eat too quickly and “overstuffs” their mouth. Giving $\frac{1}{2}$ or $\frac{1}{3}$ of the meal at a time can help decrease these behaviors.

Bite/Sip size: Encourage smaller bites and smaller sips.

Attention: Minimize distractions during mealtimes.

Diet/Liquid Texture: Ensure the individual’s diet prescription is correct in the ISP and foods/drinks are modified correctly.

Adaptive Equipment: If the individual requires specific equipment during meals, ensure that this is documented in the ISP and provided during all meals and snacks.



Strategies: If an individual uses certain strategies, ensure all staff are aware of these and they are utilized during all meals and snacks.

Communication: if you see something, say something. If an individual seems to be having more trouble at meals (i.e., more coughing, complaints of trouble swallowing, losing food out of the front of their mouth) let someone know. The individual’s physician may need to see them or a Speech-Language Pathologist may need to assess them for Dysphagia.



Low choking risk foods/meal options:

- Moist/soft meals
- Savory meals with lots of sauce/gravy (i.e., stews and casseroles)
- Slow-cooker type meals as these tend to keep foods moist
- Fish (if it’s filleted)
- Naturally pureed foods (applesauce, yogurt, ice cream, blended soups, smoothies)
- Lightly toasted bread with butter/jelly (remove crust if necessary)
- Well-steamed/cooked vegetables
- Soft/well-ripened fruits (skins removed if necessary)

**All foods carry a choking risk, including those listed above. As a reminder, supervision, and diet order should still be maintained when consuming these foods.*

DISCLAIMER: This material is being provided strictly to alert staff of DDD and DDD’s providers, families, individuals, and the general public about the risks of choking and general safety strategies. At no time is this alert to substitute for an individualized plan nor is it to suffice as training. Staff who have been trained on an individual’s specific diet needs and how to properly administer life-saving techniques to an individual who is choking are expected and required to use their training to assist those in need.

If you have any questions regarding this material or would like to schedule a training, please contact The DDD Resource Team at ddd.resourceteam@dhs.nj.gov.