

CHOKING INCIDENT REPORT CHECKLIST

Name

Date of Incident

**Please ensure the following information is included in your initial incident report.
Utilize the checklist below to complete your initial incident report.**

DIET

Current prescribed diet texture and liquid consistency of the individual (**food**: regular, chopped, ground, puree;
Item the individual choked on **liquid**: thin, nectar, honey, pudding)
Food preparation at time of incident (regular, chopped, ground, puree)
Size of food that was consumed/spit out/expelled (liquid, mucus, less than ½", between ½-1", greater than 1")
Was eating independently (feeding self) or with assistance (physical or verbal) at time of incident

SYMPTOMS

Signs or symptoms of choking present at the time of the incident
Examples: Was the individual talking, vocalizing/ moaning, coughing, or gagging? Did the individual show signs of distress? (gesturing/pointing, fatigue, sitting very still, breathing difficulty, discomfort/pain, leaving the area, etc.)

POSITIONING

Type of seating and location (regular chair, wheelchair, couch, etc.), standing, laying, etc.
If seated, the individual's body position at the time of incident (Was the individual's head in a neutral position; were they sitting upright, or does their body slouch/slide to a side during meals? Were their feet placed on the ground/ footrest or hanging without support?)

SUPERVISION

Individual's required level of supervision while eating
Actual supervision being maintained at time of incident
List of all individuals served and staff present at time of incident

ACTION/INTERVENTION

Immediate actions taken (back blows, abdominal thrusts, CPR, 911 called, medical evaluation, etc.)
Safety measures or precautions utilized by the individual during meals (reminders to slow down, drink after each spoonful, use adaptive mealtime equipment, etc.)

HISTORY

Choking episode within the last year or prior history
Date of last swallow study, x-ray, or endoscopy (if applicable)

STAFF TRAINING

Confirmation of staff training and date of training on the following:
Meal preparation (diet texture/ liquid consistency) for the individual
Signs and symptoms of choking
First Aid/CPR training

CONTACT: To schedule staff training on Dysphagia, Meal Preparation, or Mealtime Safety Techniques please get in touch with The DDD Resource Team at ddd.resourceteam@dhs.nj.gov. Additional choking prevention resources can be found on the **Division website** at www.nj.gov/humanservices/ddd/individuals/healthsafety/