

Case Study #1 Activity

Case Study #1

James is a 60-year-old male, diagnosed with moderate developmental disabilities (DD). He is missing the majority of his upper and lower teeth. As a child he had a cleft lip repaired. He also has a closed, very-high cleft palate, and structural abnormalities of his jaw with facial dystonia. He is on a normal diet with no diet modifications.

Choking Event:

- James was at his Day Program's Fourth of July BBQ picnic eating his lunch. Lunch consisted of a hot dog on a bun, potato chips, macaroni salad, and potato salad.
- He was sitting at the picnic table talking and laughing with his friends and taking large bites of his food and gobbling them down.
- Suddenly, James stood up, flapping his arms. His eyes were watering, he had a funny panicky look on his face, and he was drooling out of the side of his mouth.
- The direct support professional (DSP) nearest to James, who was stooped down tying Billy's shoe. Without looking up, she told James to sit back down.
- James sat back down.
- After several more seconds, another DSP noticed James' lips were turning blue.

1. A "Red Flag" risk are those risks which ***always indicate*** a Speech-Language Pathologist (SLP) referral is needed. What are the "Red Flag" risks in the above scenario?
2. What other choking risks in the above case scenario can you identify?
3. What professional evaluations would/could be recommended?
4. What steps should the staff take next to respond to the choking emergency?
5. What interventions might be put in place to keep this individual safe and reduce choking risk?

Case Study #1 Activity (Answers)

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- James sat back down.
- After several more seconds, another DSP noticed James' lips were turning blue.

1. A "Red Flag" risk are those risks which **always indicate** a Speech-Language Pathologist (SLP) referral is needed. What are the "Red Flag" risks in the above scenario?
 - Missing teeth.
 - Structural abnormalities.
 - Facial dystonia.
 - History of a repaired cleft lip (may affect mouth, lips, or chewing).
 - High cleft palate.

2. What other choking risks in the above case scenario can you identify?
 - Talking and laughing while eating.
 - Taking large bites of food.
 - Absence of an SLP evaluation.
 - Distracted DSP.
 - Absence of knowledge of the Universal Sign for Choking.
 - Absence of knowledge of the signs and symptoms of someone who is choking.
 - Absence of knowledge of food which increase choking risk.

Case Study #1 Activity (Answers)

3. What professional evaluations would/could be recommended?
 - SLP evaluation.
 - Behavioral analysis.
 - Dental evaluation.

4. What steps should the staff take next to respond to the choking emergency?
 - Call 911 and call for help from other staff members.
 - Give 5 back blows.
 - Give 5 abdominal thrusts.
 - Continue until object is dislodged or person becomes unconscious.

5. What interventions might be put in place to keep this individual safe and reduce choking risk?
 - Modified diet recommendations.
 - Staff training on modified diet requirements.
 - Staff training on choking risks.
 - One to one protocol at mealtimes to reduce food stuffing and rushed eating behaviors.
 - Reduce distractions and socialization at mealtimes.
 - Regular, routine dental care.
 - Staff role-play training reviewing steps to take in a choking emergency.
 - Reviewing informational posters with staff depicting the steps of a choking emergency response.
 - Discreetly displaying informational posters depicting the steps of a choking emergency response onsite for staff persons to refer to in the event of a choking emergency. A poster can be kept discreetly:
 - On the inside of a kitchen cabinet door.
 - On the inside of a kitchen pantry door.
 - On the side of the refrigerator with magnets.
 - On the back of the door of the laundry room.
 - On the wall in an employee area.
 - On the underside of a laminated dining table placemat.

Case Study #2 Activity

Case Study #2

Barbara is 35 years old and has a diagnosis of Down Syndrome. She has a history of dysphagia, rumination disorder, and chronic dehydration due to medication side effects. Barbara is on a normal diet.

Choking Event:

- Barbara was in her room alone, watching a movie and eating popcorn.
- The door to her room was open, but the only light was from the television, so she could see the movie better.
- She had ruminated some of the popcorn and continued to stuff more popcorn into her mouth.
- Staff was busy taking care of laundry and other household chores.
- Barbara took another handful of popcorn, put it in her mouth, and attempted to swallow it.
- Since her mouth was dry, the popcorn became stuck in her throat.
- Barbara could not speak or call out for help.
- Her lips started turning blue as she grabbed at her throat and fell unconscious, which wasn't noticed by others because the lights were turned down low.
- Staff came into Barbara's room to drop off her laundry and found Barbara unconscious with a mouthful of popcorn.

1. A "Red Flag" risk are those risks which **always indicate** a Speech-Language Pathologist (SLP) referral is needed. What are the "Red Flag" risks in the above scenario?
2. What other choking risks in the above case scenario can you identify?
3. What professional evaluations would/could be recommended?
4. What steps should the staff take next to respond to the choking emergency?
5. What interventions might be put in place to keep this individual safe and reduce choking risk?

Case Study #2 Activity (Answers)

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Choking Event:

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- Barbara took another handful of popcorn, put it in her mouth, and attempted to swallow it.
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- Barbara could not speak or call out for help.
- Her lips started turning blue as she grabbed at her throat and fell unconscious, which wasn't noticed by others because the lights were turned down low.
- Staff came into Barbara's room to drop off her laundry and found Barbara unconscious with a mouthful of popcorn.

1. A "Red Flag" risk are those risks which ***always indicate*** a Speech-Language Pathologist (SLP) referral is needed. What are the "Red Flag" risks in the above scenario?
 - History of dysphagia.
 - History of dehydration.
 - Down Syndrome.
 - Rumination.

2. What other choking risks in the above case scenario can you identify?
 - Medication side effects.
 - Eating high risk foods.
 - Eating in isolation.
 - Positioning in recliner chair.
 - No mention of staff training.

3. What professional evaluations would/could be recommended?
 - SLP evaluation.
 - Behavioral analysis.
 - PCP evaluation for medication evaluation.

Case Study #2 Activity (Answers)

4. What steps should the staff take next to respond to the choking emergency?
 - Call 911 and call for help from other staff members.
 - Lower the person to the floor on their back.
 - Finger sweep to clear away.
 - Start CPR and continue until EMT takes over.

5. What interventions might be put in place to keep this individual safe and reduce choking risk?
 - Addition of an oral over-the-counter saliva supplement to help with swallowing and reduce dry mouth.
 - Protocol regarding eating in isolation for individuals who are at high risk for choking.
 - Dental evaluation and teeth cleaning.
 - Staff training on choking risks.
 - Staff role-play training reviewing steps to take in a choking emergency.
 - Reviewing informational posters with staff depicting the steps of a choking emergency response.
 - Discreetly displaying informational posters depicting the steps of a choking emergency response onsite for staff persons to refer to in the event of a choking emergency. A poster can be kept discreetly:
 - On the inside of a kitchen cabinet door.
 - On the inside of a kitchen pantry door.
 - On the side of the refrigerator with magnets.
 - On the back of the door of the laundry room.
 - On the wall in an employee area.
 - On the underside of a laminated dining table placemat.

Case Study #3 Activity

Case Study #3

Bobby is 50 years old with a diagnosis of Prader Willi, PICA and wandering. He had a previous choking event 3 months ago. Bobby has a non-modified, normal diet.

Choking Event:

- Bobby was at his day program wandering around looking for something to put into his mouth.
- Staff were engaged in a group activity with other individuals, which Bobby was not participating in.
- When staff were distracted, Bobby went to the bathroom to use the restroom and started eating the toilet tissue unobserved.
- Staff interrupted Bobby, and removed the toilet tissue from his mouth, as he was attempting to swallow it.
- About that time, everyone was being called into the lunchroom for lunch.
- Day Program staff thought they had gotten all the toilet tissue from Bobby's mouth when they escorted him to the lunchroom.
- Group home staff had packed Bobby a peanut butter and jelly sandwich on white bread for his lunch.
- Bobby quickly unwrapped the sandwich and stuffed it into his mouth.
- When staff realized what Bobby had done with the sandwich, they attempted to take it away from him.
- Staff was able to successfully remove the majority of the sandwich from his mouth but did not realize some of the sandwich was still in his mouth.
- Bobby ran away from staff, but when he attempted to swallow, the sandwich lodged in his throat in front of the toilet paper he had swallowed earlier.
- Bobby's face began to turn red, and he began forcefully coughing, at which time the staff realized he was choking.

1. A "Red Flag" risk are those risks which **always indicate** a Speech-Language Pathologist (SLP) referral is needed. What are the "Red Flag" risks in the above scenario?
2. What other choking risks in the above case scenario can you identify?
3. What professional evaluations would/could be recommended?
4. What steps should the staff take next to respond to the choking emergency?
5. What interventions might be put in place to keep this individual safe and reduce choking risk?

Case Study #3 Activity (Answers)

Case Study #3

Choking Event:

- Bobby was at his day program wandering around looking for something to put into his mouth.
 - Staff were engaged in a group activity with other individuals, which Bobby was not participating in.
 - When staff were distracted, Bobby went to the bathroom to use the restroom and started eating the toilet tissue unobserved.
 - Staff interrupted Bobby, and removed the toilet tissue from his mouth, as he was attempting to swallow it.
 - About that time, everyone was being called into the lunchroom for lunch.
 - Day Program staff thought they had gotten all the toilet tissue from Bobby's mouth when they escorted him to the lunchroom.
 - Group home staff had packed Bobby a peanut butter and jelly sandwich on white bread for his lunch.
 - Bobby quickly unwrapped the sandwich and stuffed it into his mouth.
 - When staff realized what Bobby had done with the sandwich, they attempted to take it away from him.
 - Staff successfully was able to get the majority of the sandwich out of his mouth but was unable to remove a part of the sandwich which they did not realize was still in his mouth.
 - Bobby ran away from staff, but when he attempted to swallow, the sandwich lodged in his throat in front of the toilet paper he had swallowed earlier.
 - Bobby's face began to turn red, and he began forcefully coughing, at which time the staff realized he was choking.
1. A "Red Flag" risk are those risks which **always indicate** a Speech-Language Pathologist (SLP) referral is needed. What are the "Red Flag" risks in the above scenario?
 - Prader Willi.
 - PICA.
 - Previous choking event.
 2. What other choking risks in the above case scenario can you identify?
 - Wandering.
 - Unsupervised access to food.
 - Obsessive food seeking behaviors.
 - Lack of general supervision by staff.
 - Eating too fast.
 - Eating a high-risk food.
 - Lack of knowledge of Universal Choking Sign.
 - No mention of staff training.

Case Study #3 Activity (Answers)

3. What professional evaluations would/could be recommended?
 - SLP evaluation.
 - Behavioral analysis.
 - Physical Therapy evaluation for possible interventions (helmet, safety bracelet, etc.).

4. What steps should the staff take next to respond to the choking emergency?
 - Call 911 and call for help from other staff members.
 - Give 5 back blows.
 - Give 5 abdominal thrusts.
 - Continue until object is dislodged or person becomes unconscious.

5. What interventions might be put in place to keep this individual safe and reduce choking risk?
 - Possible customized rate for this individual to have one-to-one care from staff.
 - Modified diet recommendations.
 - Staff training on modified diet requirements.
 - Staff training on choking risks, and high risk of nut-butters.
 - Staff training on behavioral interventions.
 - Dental evaluation and teeth cleaning.
 - Staff role-play training reviewing steps to take in a choking emergency.
 - Reviewing informational posters with staff depicting the steps of a choking emergency response.
 - Discreetly displaying informational posters depicting the steps of a choking emergency response onsite for staff persons to refer to in the event of a choking emergency. A poster can be kept discreetly:
 - On the inside of a kitchen cabinet door.
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 - On the wall in an employee area.
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Case Study #4 Activity

Case Study #4

Debbie is 65 years old, is non-ambulatory and uses a folding transportation-type wheelchair, which does not provide any trunk support. She was diagnosed with a narrowed esophagus which has led to repetitive bouts of aspiration pneumonia. Last month, she had a stroke resulting in severe tongue dysfunction and left-sided facial dystonia per discharge summary. Debbie has a non-modified, normal diet.

Choking Event:

- Debbie was with staff on a community outing.
- They were running short on time and feeling rushed.
- Snack time consisted of grapes, nuts, and cheese cubes.
- Staff told Debbie she only had five minutes left to eat, which stressed Debbie out and forced her to eat very quickly.
- Staff didn't notice Debbie struggling to control the food in her mouth, as evidenced by the small pieces of food falling from her mouth.
- Staff became distracted with a phone call from Debbie's mother and looked away from Debbie for a few minutes.
- When staff looked away, a whole grape slipped down Debbie's throat.
- Staff heard a high-pitched noise and turned around quickly to observe Debbie panicking and grabbing at her throat.

1. A "Red Flag" risk are those risks which ***always indicate*** a Speech-Language Pathologist (SLP) referral is needed. What are the "Red Flag" risks in the above scenario?
2. What other choking risks in the above case scenario can you identify?
3. What professional evaluations would/could be recommended?
4. What steps should the staff take next to respond to the choking emergency?
5. What interventions might be put in place to keep this individual safe and reduce choking risk?

Case Study #4 Activity (Answers)

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Choking Event:

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- They were running short on time and feeling rushed.
- Snack time consisted of grapes, nuts, and cheese cubes.
- Staff told Debbie she only had five minutes left to eat, which stressed Debbie out and forced her to eat very quickly.
- Staff didn't notice Debbie struggling to control the food in her mouth, as evidenced by the small pieces of food falling from her mouth.
- Staff became distracted with a phone call from Debbie's mother and looked away from Debbie for a few minutes.
- When staff looked away, a whole grape slipped down Debbie's throat.
- Staff heard a high-pitched noise and turned around quickly to observe Debbie panicking and grabbing at her throat.

1. A "Red Flag" risk are those risks which ***always indicate*** a Speech-Language Pathologist (SLP) referral is needed. What are the "Red Flag" risks in the above scenario?
 - A history of repetitive bouts of aspiration pneumonia.
 - A recent stroke.
 - A diagnosis of structural abnormality (narrowed esophagus).
 - Tongue dysfunction.
 - Left-sided facial dystonia.

2. What other choking risks in the above case scenario can you identify?
 - Poor posture (transportation-type wheelchair which lacks trunk support).
 - High risk foods (grapes, nuts).
 - Lack of knowledge of the Universal Choking Sign.
 - Distracted staff.
 - Advanced age.
 - Not enough time allotted for eating.
 - Rushed eating.
 - No mention of staff training.

Case Study #4 Activity (Answers)

3. What professional evaluations would/could be recommended?
 - SLP evaluation.
 - Nutritionist/Dietician for modified diet.
 - Physical Therapy evaluation for possible interventions (customized wheelchair with trunk support, etc.).
 - Occupational therapist for assistive devices for eating/drinking (special straw, cup, etc.).

4. What steps should the staff take next to respond to the choking emergency?
 - Encourage the individual to cough.
 - Lock brakes on wheelchairs.
 - Give 5 back blows.
 - Give 5 abdominal thrusts.
 - Call 911.
 - Continue until object is dislodged or person becomes unconscious.
 - Lower the person to the ground.
 - Do a finger sweep.
 - Begin CPR.

5. What interventions might be put in place to keep this individual safe and reduce choking risk?
 - Modified diet recommendations.
 - Staff training on modified diet requirements.
 - Staff training on choking risk.
 - Customized wheelchair.
 - Dental evaluation and teeth cleaning.
 - Staff training on how to handle a choking emergency for an individual in a wheelchair.
 - Staff role-play training reviewing steps to take in a choking emergency.
 - Reviewing informational posters with staff depicting the steps of a choking emergency response.
 - Discreetly displaying informational posters depicting the steps of a choking emergency response onsite for staff persons to refer to in the event of a choking emergency. A poster can be kept discreetly:
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