

# Know what to do if your child chokes!

Choking is one of the most worrying incidents a parent can come across. If a child is partially obstructed (can cough, speak or breath) encourage them to cough to bring the object out themselves. However if the airway is totally obstructed (cannot cough, speak or breath and is becoming blue around the mouth) you must act quickly or else the child may die.

The information in this factsheet will help you to know what to do but cannot replace a first aid course. Unfortunately many courses seem to spend more time talking about what to do rather than actually doing it! However at Marlin we believe that practice is the most important factor in gaining confidence and so we provide one manikin between every two students so that you can have plenty of practice time and become confident in your skills. See the enclosed leaflet for details of our next course.



## Choking Prevention

Every parent will tell you that babies and toddlers tend to put everything in their mouths. The techniques for dealing with choking are extremely effective, however it really is better to prevent it happening in the first place. Here's a few do's and don'ts you can implement to help prevent choking occurring.

### Always:-

1. Keep small objects such as beads, marbles, coins, balloons, buttons, and paper clips away from babies and small children.
2. Teach children to sit while eating.
3. Serve food appropriate to the child's age
4. Supervise babies and children more closely in areas which are not child-proofed.
5. Buy or give toys that are appropriate for age and size of child.
6. Cut hot dogs, sausages and other food into small pieces to reduce the risk of choking.
7. Check the house and garden by crawling around on your hands and knees for dangerous objects which could be choking hazards. If you can find things on your hands and knees so can your child!
8. Make sure older children, such as brothers and sisters, do not give inappropriate food or toys to younger children and babies.

### Never:-

1. Give chewing gum, small sweets, balloons, peanuts or grapes to infants and small children. Never give nuts to children under three - recent evidence suggests this may result in allergies later in life!
2. Let children laugh or talk while chewing and swallowing.
3. Cut hot dogs or other sausages in circles. These are the perfect shape to block the airway. Instead cut into tiny pieces.

# Choking - Baby



## Assess Scene

Stop, look, listen and think!  
Mechanism of injury suggests choking?

## Assess Response

“Are you okay? Can I help you?”  
Recognise the signs of choking. These include an inability to breathe, cry or cough forcefully. There may also be blue colour (cyanosis) around the mouth and nose. If so then continue with this skill.

## Support Baby

Roll the baby face down onto your arm.  
Support the baby’s head with your hand.

## 5 Back Blows

Strike the baby’s back smartly between the shoulder blades with the heel of your hand up to five times.  
Each blow should have the intent of relieving the obstruction, so all five may not be needed\*

## Check Obstruction

Have the back blows worked?  
*(If not successful continue as below)*

## Landmark Check

Roll the baby onto its back. Locate the sternum and place the tips of two fingers, one finger’s width below the nipple line.  
*(same place as for CPR)*

## 5 Chest Thrusts

Perform up to 5 chest thrusts. These are sharper and more vigorous than those for CPR and at a much slower rate of about 20 per minute.

## Repeat sequence

Repeat the back blows and chest thrusts until the airway is cleared or the baby becomes unconscious.



\* If a total obstruction occurs or a partial obstruction persists dial 999. Thrusts carry a risk of injury, so the baby must be seen by a doctor. Take them to casualty or arrange for them to be seen by their own doctor.

# Choking - Child

- Assess Scene** Stop, look, listen and think!  
Mechanism of injury suggests choking?
- Assess Response** “Are you okay? Can I help you?”  
If the child can speak or cough forcefully, then encourage them to continue coughing but do nothing else.  
If the patient cannot breathe (total obstruction) then continue with skill.
- Support Child** For young children roll them over your knee. For older children ask them to lean forward and support their chest with your hand.
- 5 Back Blows** Strike the child’s back smartly between the shoulder blades with the heel of your hand up to five times.  
Each blow should have the intent of relieving the obstruction, so all five may not be needed.
- Check Obstruction** Have the back blows worked?  
*(If not successful continue as below)*
- Landmark Check** One finger’s width above the notch of the sternum (same place as for CPR).
- 5 Chest Thrusts** Perform up to five chest thrusts using a clenched fist. These are sharper and more vigorous than those for CPR and at a much slower rate of about 20 per minute.
- Landmark Check** Place one finger in the patient’s navel and place the other fist, thumb side in, above this finger.  
Remove your finger and support the child’s chest.
- 5 Abdominal Thrusts** Pull inwards and upwards up to five times. Use only one hand.
- Repeat sequence** Repeat the back blows and thrusts (alternating between the chest and the abdomen) until the airway is cleared or the child becomes unconscious.



\* If a total obstruction occurs or a partial obstruction persists dial 999. Thrusts carry a risk of injury, so child must be examined by a doctor. Take them to casualty or arrange for them to be seen by their own doctor.

# Choking - Adult

## Assess Scene

Stop, look, listen and think!  
Mechanism of injury suggests choking?

## Assess Response

“Are you okay? Can I help you?”  
If the patient can speak or cough forcefully, then encourage them to continue coughing but do nothing else.  
If the patient cannot breathe (total obstruction) then continue with skill.

## Support Patient

Ask the patient to lean forward and support his/her chest with your hand.

## 5 Back Blows

Strike patient's back smartly between the shoulder blades with the heel of your hand up to five times.

Each blow should have the intent of relieving the obstruction, so all five may not be needed.

## Check Obstruction

Have the back blows worked?  
*(If not successful continue as below)*

## Landmark Check

Place one finger in the patient's navel and place the other fist, thumb side in, above this finger.

Remove finger and place your hand over your positioned fist.

## 5 Abdominal Thrusts

Move one foot backwards to brace yourself and then pull inwards and upwards.

Each thrust should have the intent of relieving the obstruction.

If the patient is pregnant or extremely obese, then use chest thrusts.

## Repeat sequence

Repeat the back blows and thrusts until the airway is cleared or the patient becomes unconscious.

\* If a total obstruction occurs or a partial obstruction persists dial 999. Thrusts carry a risk of injury, so patient must be examined by a doctor. Take them to casualty or arrange for them to be seen by their own doctor.

