Person's Name	Date of Birth	ProviderOne Number

Developmental Disabilities Administration (DDA)

Aspiration / Choking Plan

You do not need permission to call 911.

Call 911 and **START FIRST AID** as trained if:

1. The person is not breathing or is blue / gray in color.
2. The person is having difficulties breathing or making abnormal noises while breathing.
3. The person appears ill; and you are concerned about their immediate health and safety.
4. Other:

After 911 has been notified, follow instructions from the dispatcher. Notify the dispatcher if there is a POLST DNR/I in place.

After calling 911 and stabilizing the person:

- Contact your supervisor.
- Document per agency protocol in the person's chart.

Immediate Interventions if you suspect aspiration (see signs and symptoms below)

1. **STOP food or fluids immediately. Do not resume until instructed by to continue.**
2. Encourage the person to sit upright.
3. Encourage the person to cough.
4. Provide first aid, as trained (when necessary).
5. Call 911 if person's symptoms change and are thought to be life threatening.
6. Notify supervisor, medical provider / nurse when safe to do so.
   a. If no response from above persons within minutes follow instructions listed below.

Person specific instructions:

After the person is safe and without concerns for health or safety, document incident in:

☐ Progress notes ☐ Incident Report ☐ Other:

Signs and Symptoms of Aspiration

1. Rapid breathing or difficulties breathing while eating, drinking, or tube feeding.
2. Gagging, gurgling, choking, coughing or vomiting during eating, drinking, or tube feeding.
3. Changes to level of consciousness (overly tired or agitated).
4. Low oxygen levels (typical oxygen levels are **95-100%**).
5. Abnormal temperature (typically temperature between **97.8°F to 99.1°F degrees** Fahrenheit).
6. Other (specific to individual):

Do not delay creation of a protocol while awaiting medical provider approval.

Person's Name	Date of Birth	ProviderOne Number

Diet History

History of choking: ☐ Yes ☐ No
History of aspiration: ☐ Yes ☐ No

Describe risk factors related to aspiration (including diagnoses, history, and diagnostic exams):

Specialized diet orders: ☐ Yes ☐ No; if yes, explain:
Specialized diet texture: ☐ Yes ☐ No
I'm fed through a feeding tube: ☐ Yes ☐ No

Food texture		Fluid consistency	
☐ Regular	☐ Ground	☐ Thin / regular	☐ Nectar thick (tomato juice texture)
☐ Chopped	☐ Pureed	☐ Honey thick (yogurt or honey texture)	☐ Pudding

Instructions

Staff require specialized training prior to assisting with my hydration or nutrition: ..... ☐ Yes ☐ No
I have an Exception to Policy in place related to nutrition / hydration: ..... ☐ Yes ☐ No

If yes, describe:

When I eat, I need the following assistance:

When I drink, I need the following assistance:

I use adaptive equipment when I eat or drink: ..... ☐ Yes ☐ No

If yes, describe:

I need small portions when I eat or drink, so I don't choke: ..... ☐ Yes ☐ No

If yes, describe:

I need supervision when I'm eating or drinking: ..... ☐ Yes ☐ No

If yes, describe:

I need staff to feed me: ..... ☐ Yes ☐ No

If yes, describe:

I need to remain upright for minutes after eating or drinking.

If tube fed, I must be kept at degrees during and after my feedings and fluids, to prevent aspiration.

Additional Information

Plan Completed by:	Date Plan Completed
Health Care Provider's Signature	Date Signed
Health Care Provider's Printed Name	Phone

Date of last review (enter signature and date):

Do not delay creation of a protocol while awaiting medical provider approval.