

Choking Risk Assessment Tool

**Individual:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Reason for completing assessment:**

	Admission to the facility
	Annual IP
	Medication change with side effect of change in mental status (To be completed within 30 days of start of new medication) <b>Medication Change:</b> _____
	Hospitalization greater than 3 days
	New diagnosis that could increase risk of choking
	After a choking episode
	Change in ability to chew or swallow
	Other

Category	Value	Resident status	Score
<b>Developmental Disability Diagnosis</b> (Choose one)	0	Mild Developmental Disability	
	1	Moderate Developmental Disability	
	1	Severe Developmental Disability	
	1	Profound Developmental Disability	
<b>Physical Impairments/Seating position</b> (May choose more than one)	0	Sits at table in regular chair	
	1	Difficulty Chewing	
	2	Absence of Chewing	
	1	Edentulous	
	1	Wheelchair	
	2	Poor Positioning	
	1	Poor Posture	
<b>Medical Diagnosis</b> (May choose more than one)	1	Cerebral palsy	
	1	Gastroesophageal reflux disease	
	2	H/O Aspiration Pneumonia	
	2	Downs Syndrome	
	2	Cerebral Vascular Accident	
	2	Degenerative Neurological Disease	
	1	Seizure Disorder (Seizure within past year)	
	1	Dementia	
	2	PICA	
	2	Food stealing contradicting diet	
	2	H/O TIA or Stroke	
	1	Psychogenic Vomiting	
	<b>Medications</b> (May choose more than one)	0	
1		Takes 2-9 medications daily	
2		Takes 9+ medications daily	
1		Takes psychotropic medications	
<b>History of Choking in the last 12 months</b> (Choose one)	2	Yes	
	0	No	

**Total Score:** \_\_\_\_\_

**Results of Choking Risk Assessment**

- Total score 1-5 (Minimal choking risk)**  
This should be documented in the IP and all staff should be inserviced of the potential risk of choking. Staff should prepare/present food to meet the needs of the individual in compliance with the diet order. The risk assessment should be repeated if there is any change in the individual's condition.
  
- Total score 6-10 (Moderate choking risk)**  
Consideration should be given for referral to Dietician and/or Speech and Language Therapist. The individual should have additional clear guidelines and approaches to assisting with eating and drinking clearly identified in the IP. All staff should be inserviced of risk of choking. Level of supervision while eating must be established, and documented, in the IP.
  
- Score of 10+ (Severe choking risk)**  
Consultation with the Dietician and Speech and Language Therapist must be completed. Clear guidelines must be included in the IP and implemented by the staff. All staff must be inserviced on action to be taken in the case of a choking incident and any intervention that may be required.

**Results of assessment:**

---

---

---

**Recommendations:**

---

---

---

---

**Safety measures already in place:**

---

---

---

---

**Person completing assessment:** \_\_\_\_\_

**Date:** \_\_\_\_\_