

CHOKING CHILD

The vast majority of deaths from foreign body airway obstruction (FBAO) occur in pre - school children.

The diagnosis may not be clear-cut, suspect if

- **sudden onset of coughing, gagging and stridor.**

Children with known or suspected infectious causes of obstruction, and those who are still breathing and in whom the cause of obstruction is unclear, should be taken to hospital urgently.

The physical methods of clearing the airway, described below, should therefore only be performed if:

- **The diagnosis of FBAO is clear - cut (witnessed or strongly suspected) and ineffective coughing and increasing dyspnoea, loss of consciousness or apnoea have occurred.**
- **Head tilt/chin lift and jaw thrust have failed to open the airway of an apnoeic child.**

A spontaneous cough is more effective at relieving an obstruction than any externally imposed manoeuvre.

An effective cough is recognised by the victim's ability to speak or cry and to take a breath between coughs.

The child should be continually assessed but no intervention should be made unless the cough becomes ineffective, the victim cannot cry, speak or take a breath, becomes cyanosed or loses consciousness.

Call for help and start the intervention.

These manoeuvres are then alternated with each other and with examination of the mouth and attempted breaths.

Infants

A combination of back blows and chest thrusts is used in this age group, as injury may be caused by abdominal thrusts

Five chest thrusts are given – using the same landmarks as for cardiac compression but at a rate of one per second. This is alternated with 5 back blows.

The mouth is checked after each cycle to see if the object has been expelled. Chest thrusts and back blows are repeated until the object is expelled.

The Choking Infant



Children

Back blows can be used as in infants or with the child supported in a forward leaning position.

In the child the abdominal thrust (Heimlich manoeuvre) can also be used.



Following successful relief of the obstructed airway, assess the child clinically. There may be still some part of the foreign material in the respiratory tract.

If abdominal thrusts have been performed, the child should be assessed for possible abdominal injuries.

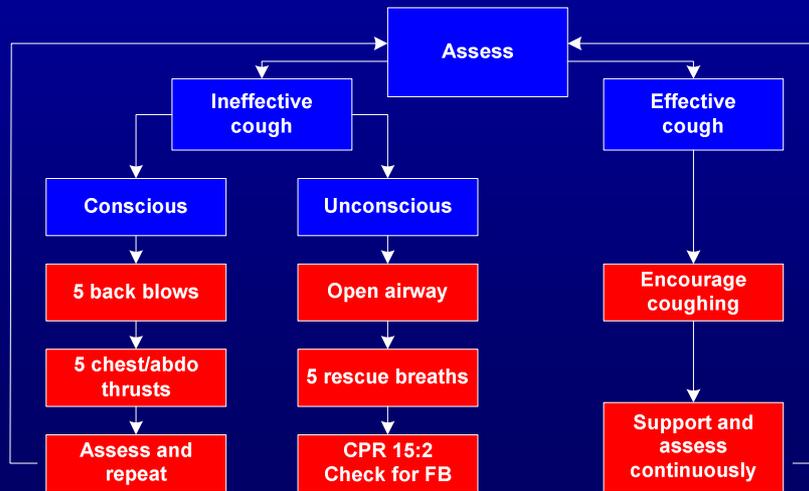
If the child breathes effectively then place him in the recovery position and continue to monitor him.

Advanced life support may also be needed if the child deteriorates.

Unconscious infant or child with foreign body airway obstruction

- **Call for help.**
- **Place the child supine on a flat surface.**
- **Open the mouth and attempt to remove any visible object.**
- **Open the airway and attempt five rescue breaths, repositioning the airway with each breath if the chest does not rise.**
- **Start chest compressions even if the rescue breaths were ineffective.**
- **Continue the sequence for single rescuer CPR for about a minute then summon help again if none is forthcoming.**
- **Each time breaths are attempted, look in the mouth for the foreign body and remove it if visible. Take care not to push the object further down and avoid damaging the tissues.**
- **If the obstruction is relieved the victim may still require either continued ventilations if not breathing but is moving or gagging or both ventilations and chest compressions if there are no signs of life.**
- **Advanced life support may also be needed.**
- **If the child breathes effectively then place him in the recovery position and continue to monitor him.**

Choking Summary



Ref: APLS Fifth Edition

Dr Erin Dawson July 2013

Updated November 2017

Date for update : November 2022