Choking Fact Shee



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CHOKING



Babies and children explore their world using their mouths. Everything they see they put in their mouths to taste it, feel it, and sense it. Up until four to five years of age, we need to be vigilant about choking hazards.

COMMON CAUSES AND TRIGGERS



Some of the common causes and triggers of choking are: Raw fruits and vegetables Sausages and chunks of meat

Nuts, seeds, popcorn kernels, fruit pips, corn chips Hard lollies, chewing gum, marshmellows Small objects (toys, button batteries, coins, marbles,

pen tops, balloons, etc.)

SIGNS AND SYMPTOMS

The signs and symptoms of choking are:

Partial Obstruction

(some air passes either side of the blockage)

- Effective, forceful cough
- Laboured breathing, which may be noisy
- Some air escaping from mouth
- Anxiety or agitation
- Redness to the face

Complete Obstruction

(no air passing either side of the blockage)

- No cough (or an ineffective cough)
- Unable to breathe or speak
- No air or sound escaping from nose or mouth
- Child making visible efforts to breathe
- Face becoming increasing red turning to greyish or blue colour

FIRST AID TREATMENT

The first aid treatment for a choking child is:

Partial Obstruction

(if your child has an effective cough)

- Use gravity and lean them forward
- Encourage them to keep coughing
- If the obstruction cannot be cleared, you must call 000
- Note: If they lose their forceful cough use the below technique for a complete obstruction

Complete Obstruction

(if your child does not have an effective cough)

- DRSABCD
- Call 000
- Position your child in a head down position (infant across your lap and child sitting or standing up)
- Give up to five back blows using the heel of one hand, in between the shoulder blades short and sharp

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If your child is still choking:

Give up to five chest thrusts using the heel of one hand, in the middle of the chest, between the nipples - short and sharp.

If your child is still choking:

Alternate between five back blows and five chest thrusts until the obstruction is cleared, paramedics arrive, or until they render unconscious. Between each back blow and chest thrust, check airway to see if object has become dislodged. If they render unconscious, commence CPR Note: The obstruction may clear during CPR compressions if this occurs roll your child on their side and clear the mouth of foreign object.

REFERENCES

- www.resus.org.auwww.raisingchildren.net.au
- www.health.gov.auwww.breastfeeding.asn.au