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## DATA COLLECTION RE CHOKING INCIDENTS

CLIENT NAME					UNIT			
DATE OF INCIDENT				TIME OF INCIDENT				
IDENTIFYING DATA								
1. Method of feeding:		Self			Staff			
2. Nutritional Risk Level:				Reason:				
3. Date/Results of:		UGI						
		OT Eval.						
		Videoswallow						
4. Type of Diet:								
INCIDENT DATA								
1. Foods or object causing choking:								
2. Meal:		A) Type		Brkfst.	Lunch	Dinner	Snack	Other
		B) Where Eaten		Home	ATP	Coffee Shop		Off Campus
3. Was feeding done monitored by:				Usual				
				Pulled Staff				
4. Was choking related to:			Food stuffing	Too fast feeding		Too large bite		
5. Interventions:		Verbal cues	Heimlich	CPR	Persons who intervened:			
6. Client outcome:		Cyanosis		Aspiration pneumonia		Other (Specify):		
7. Persons responding:		Direct care		Staff nurse		MD	911	
FOLLOW-UP DATA								
1. Remedial action:		Staff education	Diet change		Ot. eval.	Referral to NMC		
		Environment change				Other		
2. Client follow-up for adverse outcomes:		eg Infirmiry admission:						
		Medical treatments:						

Attached to incident report at the time of investigation and route to Risk Management.