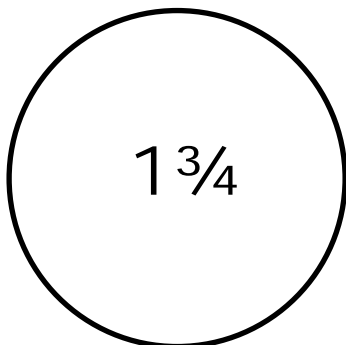


## PREVENTION OF CHOKING IN CHILDREN AND INFANTS

### EXAMINE TOYS

- Examine all toys for small parts that can be dislodged accidentally or broken off.
- Keep updated on recalls of hazardous toys
- Check toys using the circle below to see if they are small enough to represent a choking hazard. Items smaller than  $1\frac{3}{4}$ " diameter are dangerous.



### WATCH OUT FOR BALLOONS

- Blow up balloons for your child and supervise when your child is blowing up a balloon.
- Don't leave a deflated balloon or scraps from a burst balloon on the ground where a baby or child can reach them.

### CONTROL THE SIZE OF FOOD

- If you serve hot dogs to your children, cut hot dogs the long way, and then crosswise to create small pieces less than one inch long.
- If you serve your child grapes, cut them in quarters. Cut other fruits and vegetables into tiny pieces, making sure pieces are angular, not round.
- Most "teething" biscuits are meant for older toddlers. Young babies can sometimes get a large wet piece of a biscuit or cracker caught in the back of their throat.

### SUPERVISE EATING

- Don't let your child play or run while eating or drinking. Instead they should always be seated.
- Don't give a child chewing gum until they are over 4 years of age. Children chewing gum should not run or play vigorously.

### LEARN CPR AND FIRST AID FOR CHOKING

- No matter how hard you try to prevent accidents, the unthinkable can happen. That is why we recommend that all parents and caretakers take a CPR class to be prepared for choking emergencies. This handout cannot take the place of what you can learn in a CPR class - **it could save your child's life!!** Information on these classes can be obtained by calling Beaumont's Physician Referral and Information Service at 1-800-633-7377.

The reverse side of this handout has instructions on what to do if your child is choking. Please review it carefully and keep it in a convenient place.

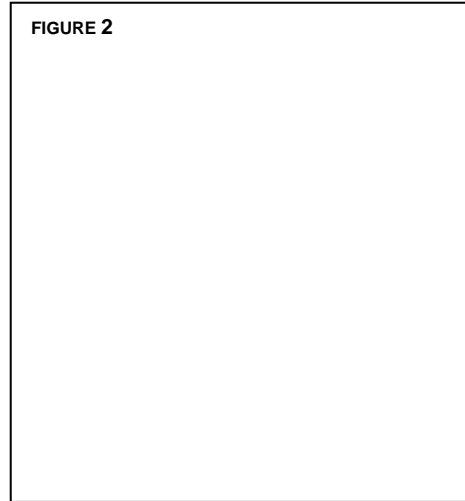
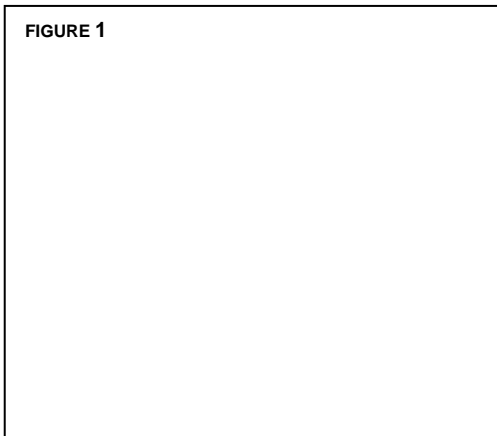
### WHAT TO DO IF YOUR CHILD IS CHOKING

Any child who has choked on a foreign body and is coughing, crying, or speaking is best left to his/her own reflexes to relieve the obstruction. If the child or infant is unable to make sounds or if complete obstruction develops, without evidence of respiratory air movement, immediate first aid is required to avoid permanent disability or death.

### **THE INFANT UNDER THE AGE OF 1 YEAR**

The rescuer should perform the following steps to relieve airway obstruction:

1. Hold the infant face down, resting on your forearm. Support the infant's head by firmly holding the jaw and turning the head to the side. Your forearm should rest on your thigh to support the infant; the infant's head should be lower than the trunk.
2. Forcefully deliver up to five back blows between the infant's shoulder blades, using the heel of the hand. (See figure 1 below)
3. After delivering the back blows, place your free hand on the infant's back, holding the infant's head. The infant is effectively sandwiched between your two hands; one hand supports the neck, jaw, and chest, while the other supports the back.
4. Turn the infant while the head and neck are carefully supported and hold the infant in the face up position across your thigh. The infant's head is turned to one side and should remain lower than the trunk.
5. Provide up to five quick downward chest thrusts (over the lower half of the sternum, approximately one finger's breadth below the nipple line). (See figure 2.) If the airway remains obstructed, repeat these maneuvers.



### **THE CHILD OVER THE AGE OF 1 YEAR**

#### **Abdominal Thrusts With a Conscious Child Standing or Sitting:**

1. Stand behind the child, arms directly under the child's underarms, and encircle the child's chest (See figure 3).
2. Place the thumb side of one fist against the child's abdomen in the midline slightly above the navel and well below the tip of the breastbone.
3. Grasp the fist with the other hand and exert five quick upward thrusts. The fist should not touch the breastbone or the lower margins of the rib cage, because force applied to this area may damage internal organs.
4. Each thrust should be a separate, distinct movement, delivered with the intent to relieve the obstruction. The thrusts should be continued until the foreign body is expelled or five thrusts are completed. Attempts should be made to provide rescue breathing. If the airway remains obstructed, repeat these maneuvers. If the child becomes unconscious, use protocol for an unconscious child.

#### **Abdominal Thrusts With Conscious or Unconscious Child Lying Down:**

1. The child is positioned face up for abdominal thrusts to be performed.
2. Place the child face up with the child's head turned to one side.
3. Kneel close to the child's side or straddle the child's hips.
4. Open the child's airway using a chin lift or jaw thrust.
5. Place the heel of one hand on the child's abdomen in the midline slightly above the navel and well below the rib cage and breast bone. The other hand should be placed on top of the first.
6. Press both hands into the abdomen with a quick upward thrust.
7. After delivery of up to five abdominal thrusts, attempt rescue breathing; if the airway remains obstructed, repeat these maneuvers.

### **FINGER SWEEP**

Blind finger sweeps should not be performed. If the foreign body is seen, remove it.

