CARE 24/7 HEALTHCARE

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Choking Risk Assessment - Service User Eating & Drinking

Service User:_____ **Date of Birth:** _____

Complete this Form by ticking the relevant boxes each time you suspect a service user is having difficulties eating and drinking.

CHECKLIST OF INDICATORS / OBSERVATIONS				
OBSERVATION	**Never**	**More than once**	**Often**	**ALWAYS**
1 Coughing during or after meal / drink	☐	☐	☐	☐
2 Choking during or after meal / drink	☐	☐	☐	☐
3 Gasping for breath during mealtimes	☐	☐	☐	☐
4 Chest infections, without the normal respiratory symptoms of a cold	☐	☐	☐	☐
5 Change in colour of the face when eating / drinking	☐	☐	☐	☐
6 Change in voice quality – wet or "gurgly" voice when speaking	☐	☐	☐	☐
Ticks in ONE OR MORE of the grey boxes above indicate concerns and must be referred to a SALT (Speech and Language Therapist), and the service user's GP, as appropriate.				
7 Nasal regurgitation (food coming down nose)	☐	☐	☐	☐
8 Greater than normal level of fatigue at mealtimes	☐	☐	☐	☐
9 Taking a longer than usual time to eat and drink	☐	☐	☐	☐
10 Difficulty in maintaining a clean mouth and teeth	☐	☐	☐	☐
11 Recent difficulty in swallowing tablets	☐	☐	☐	☐
12 Increased drooling of food / fluid / saliva	☐	☐	☐	☐
13 Pieces of food found inside mouth – not chewed / digested	☐	☐	☐	☐
14 Evident or suspected discomfort when swallowing	☐	☐	☐	☐
15 Recent, unplanned weight loss (without underlying health issue)	☐	☐	☐	☐
16 Sounds of respiratory difficulty (e.g. wheezing / shallow breathing)	☐	☐	☐	☐
Ticks in 2 OR MORE of the grey boxes above indicate concerns and must be referred to the SALT, and the service user's GP, as appropriate.				
17 Diagnosis of reflux	☐	☐	☐	☐
18 Persistent dry cough	☐	☐	☐	☐
19 Infections of the urinary tract	☐	☐	☐	☐
20 Sleepier than usual after meals	☐	☐	☐	☐
Ticks in ONE OR MORE of the grey boxes above may indicate underlying health problems and must be referred to the service user's GP.				

COMMENTS & ACTION TAKEN:

Signature: _____ Name: _____ Date: _____