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# Choking: is no joking matter

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Improving health care professionals' knowledge  
and confidence in managing a palliative care  
medical emergency of adult acute choking  
episodes

# Choking is no joking matter

Improving health care professionals knowledge and confidence in managing a palliative care medical emergency: adult acute choking episodes

## Aim

Quality improvement project to design, implement and evaluate an evidence based guidance flow chart and document for healthcare professionals on managing a palliative care medical emergency of adult acute choking episodes.

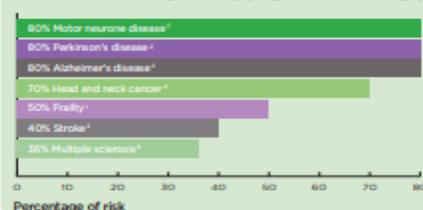
## Background

Dysphagia is a common life-threatening condition referring to difficulty with swallowing<sup>1</sup> which can present as a complication of over 100 different palliative conditions<sup>2</sup>. Despite its prevalence, dysphagia may be often underestimated and frequently unrecognised<sup>3</sup>.

People with dysphagia have a high risk of acute choking episodes which is one of the most distressing symptoms of progressive disease<sup>4</sup>. Dysphagia related choking is associated with significant morbidity and negative impact on quality of life<sup>5</sup>.

Choking episodes can be frightening for the person experiencing them and the carers and healthcare professionals who support them<sup>4,6</sup>. It is essential to identify people at risk of choking to minimise the risk of them occurring and prepare the person, their carers and health care professionals how to confidently manage acute episodes<sup>2</sup>.

Palliative conditions at high risk of dysphagia and acute choking episodes



## Methodology

Quality improvement methodology was utilised to improve patient safety, effectiveness and experience of care<sup>9</sup>.

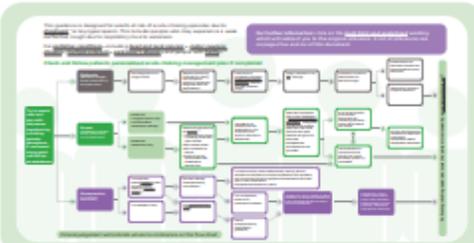
This included:

- Systematic literature review and critical appraisal of current evidence, guidance and resources to produce a flow chart and guidance document.
- Key stakeholders engagement<sup>10</sup> including South West of England palliative care, oncology, neurology and respiratory forums, ambulance service, acute and community teams and clinical specialists to give feedback on the guidance.
- Plan Do Study Act (PDSA) cycles to monitor progress and inform next steps<sup>11</sup>.
- Healthcare professional evaluation and feedback.

## Choking management guidance

The flow chart and guidance can be used as a:

- Single page stand-alone flow chart.
- Six page guidance document with list of 29 references.
- 'Live' PDF document with hyperlinks to key information.



Scan the QR code to access the choking management flow chart and the full document on the healthcare professional resources webpage.



## Evaluation/results

150 health care professionals including health care assistants, nurses, physiotherapists, occupational therapists, speech and language therapists and doctors based in community or hospital settings throughout the South West of England, completed up to one hour face to face or online education session introducing the flow chart and guidance document.

- 100% evaluated the session as "very good" or "excellent."
- 100% reported a measurable improvement to knowledge in dysphagia and managing choking episodes.
- 95% reported a measurable improvement in confidence in managing choking episodes.

## Next steps

- Launch the guidance document widely through dissemination and education sessions.
- Incorporate into ICS (Integrated Care System).
- Modify the flow chart to be adaptable for individual patient management plans.
- Explore producing a choking management app for smartphone use.

Special thanks to Macmillan and Motor Neurone Disease Association for funding the 'Evidencing Work Based Learning' module and the University of the West of England Macmillan team for supporting and guiding the project.

## Healthcare professional feedback

*"I will be utilising the flowchart in the event of a choking situation"*

*"Flow chart will be extremely useful to use in an emergency"*

*"Inspired my confidence"*

*"Really informative"*

*"Your research will benefit so many patients and carers"*

*"Excellent piece of work"*

## Discussion and conclusion

Dysphagia related acute choking episodes is common in palliative care conditions. It is essential health care professionals are able to effectively prepare for and manage choking incidents because **'WHEN YOU CAN'T BREATHE... NOTHING ELSE MATTERS'**<sup>12</sup>.

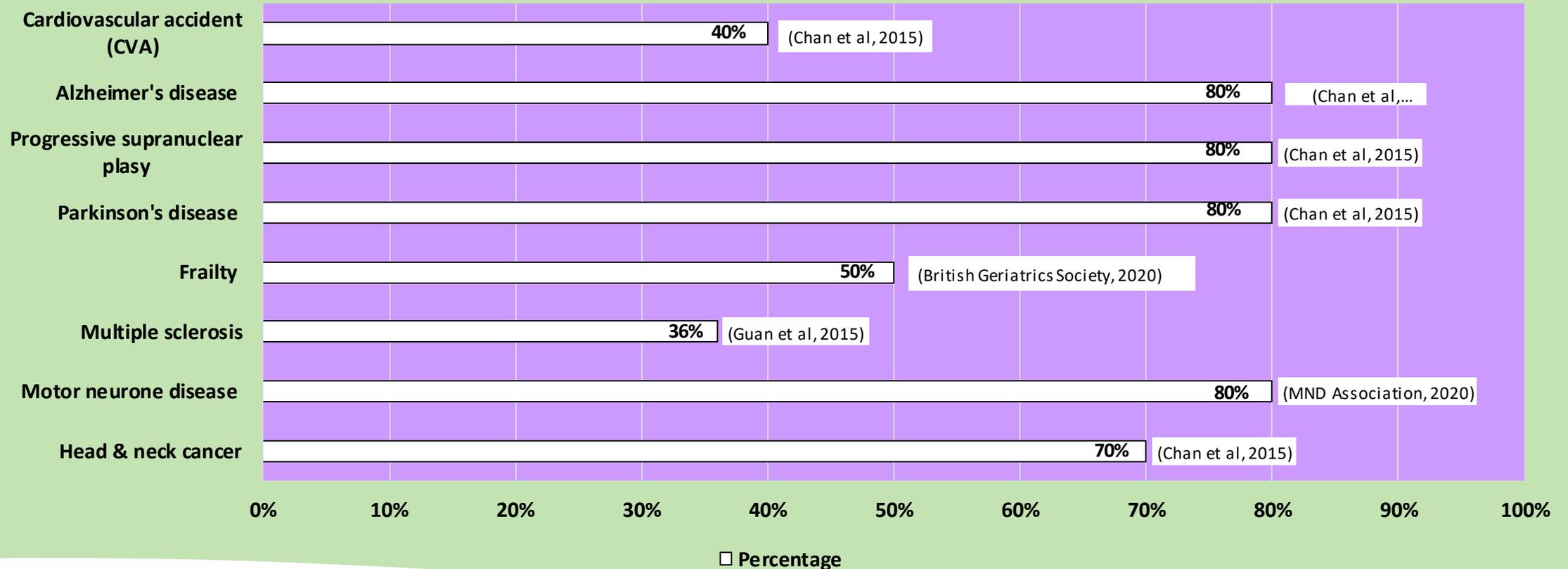
The use of an evidenced based flow chart and guidance document has demonstrated to be an effective tool in improving healthcare professional's knowledge and confidence in managing this distressing symptom.

## Contact information

For further information regarding the project please contact **Dorinda Moffatt** via [dorindamoffatt@prospect-hospice.net](mailto:dorindamoffatt@prospect-hospice.net)

# Risk of dysphagia and choking

## High risk groups of dysphagia / choking



# What is choking?

**‘Severe difficulty in breathing because of a constricted or obstructed throat or lack of air’**

- Airway agitation leading to sudden coughing
- Most commonly due to a foreign body in the airway: food, liquid, saliva
- Partial choking – person coughing is still able to breathe & cough
- Complete choking – too weak to cough / complete obstruction of airway
- Lack of air causes onset of respiratory distress
- Choking episodes should be considered a symptom
- Distress leads to poor quality of life

# Signs and symptoms of choking

- Difficulty breathing or coughing
- Sudden inability to speak, particularly after eating or drinking
- Hand signals and signs of panic or distress
- Clutching, grasping or pointing to their chest or throat (universal sign for choking)
- Gaging or wheezing
- A red puffy face
- Disorientation / passing out
- Turning blue – cyanosis (blue colouring to the skin, can be seen earliest around the face, lips and fingernail beds)

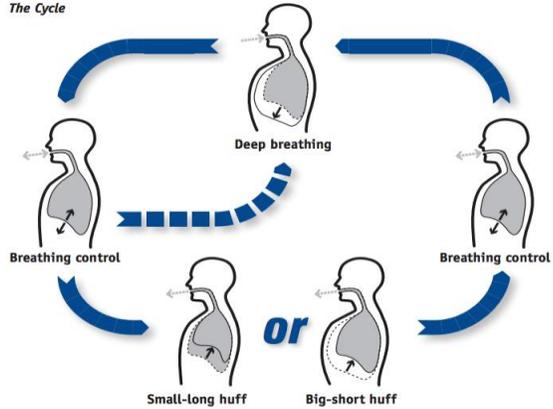


# Choking episodes in MND

- Dysphagia
- Bulbar muscle weakness
- Acknowledged risk of feeding / drinking
- Blockage of enteral feeding tube
- Hypersalivation / Sialorrhoea
- Dehydration
- Secretions
- Laryngospasm
- Respiratory muscle weakness
- Weak ineffective cough
- Other:
  - Frailty
  - Fatigue
  - Pain
  - Anxiety

# Cough augmentation

NICE guideline NG42. MND: assessment and management

Technique	Explanation of technique	Picture
<p><u>First-line treatment:</u> Reference NG42: 1.13.1</p> <p>Manual assisted cough</p>	<p>Physical assistance given through abdominal thrusts to increase cough effectiveness.</p> <p><b>Contraindications:</b> paralytic ileus, internal abdominal damage, a bleeding gastric ulcer, unstable angina or arrhythmias, and spinal and rib fractures.</p>	
<p>ACBT (active cycle of breathing technique) including huff</p>	<p>Consists of a cycle of huffs at various lung volumes interspersed with relaxed abdominal breathing and deep breathing</p> <p><b>Caution:</b> hyperventilation syndrome.</p>	
<p><u>First-line treatment:</u> Reference NG42: 1.13.2</p> <p>Unassisted breath stacking</p>	<p>A succession of deep breaths on top of each other, without exhaling to increase lung volume.</p> <p><b>Caution:</b> hyperventilation syndrome.</p>	

# Cough augmentation

NICE guideline NG42. MND: assessment and management

Technique	Explanation of technique	Picture
<p><u>If first-line treatment ineffective or for patients with bulbar dysfunction:</u></p> <p>Assisted breath stacking Reference NG42: 1.13.3</p>	<p>A succession of deep breaths on top of each other, without exhaling using a lung volume recruitment (LVR) device such as modified ambu-bag.</p> <p><b>Contraindications:</b> extra-alveolar air, e.g. undrained Pneumothorax, subcutaneous or bulla, bronchospasm and acute asthma.</p>	
<p><u>If assisted breath stacking is ineffective, and/or during a respiratory tract infection:</u></p> <p>Mechanical cough assist (mechanical insufflation-exsufflation) device Reference NG42: 1.13.4</p>	<p>A machine which applies gradual positive pressure to the upper airways, followed by rapid negative pressure to simulate a cough.</p> <p><b>Contraindications:</b> inadequate bulbar function, undrained Pneumothorax or subcutaneous emphysema, bullous emphysema, nausea, chest pain of unknown origin, severe acute asthma, recent lung surgery, raised intracranial pressure, inability to communicate, and haemodynamic instability.</p>	

# Guidance for healthcare professionals

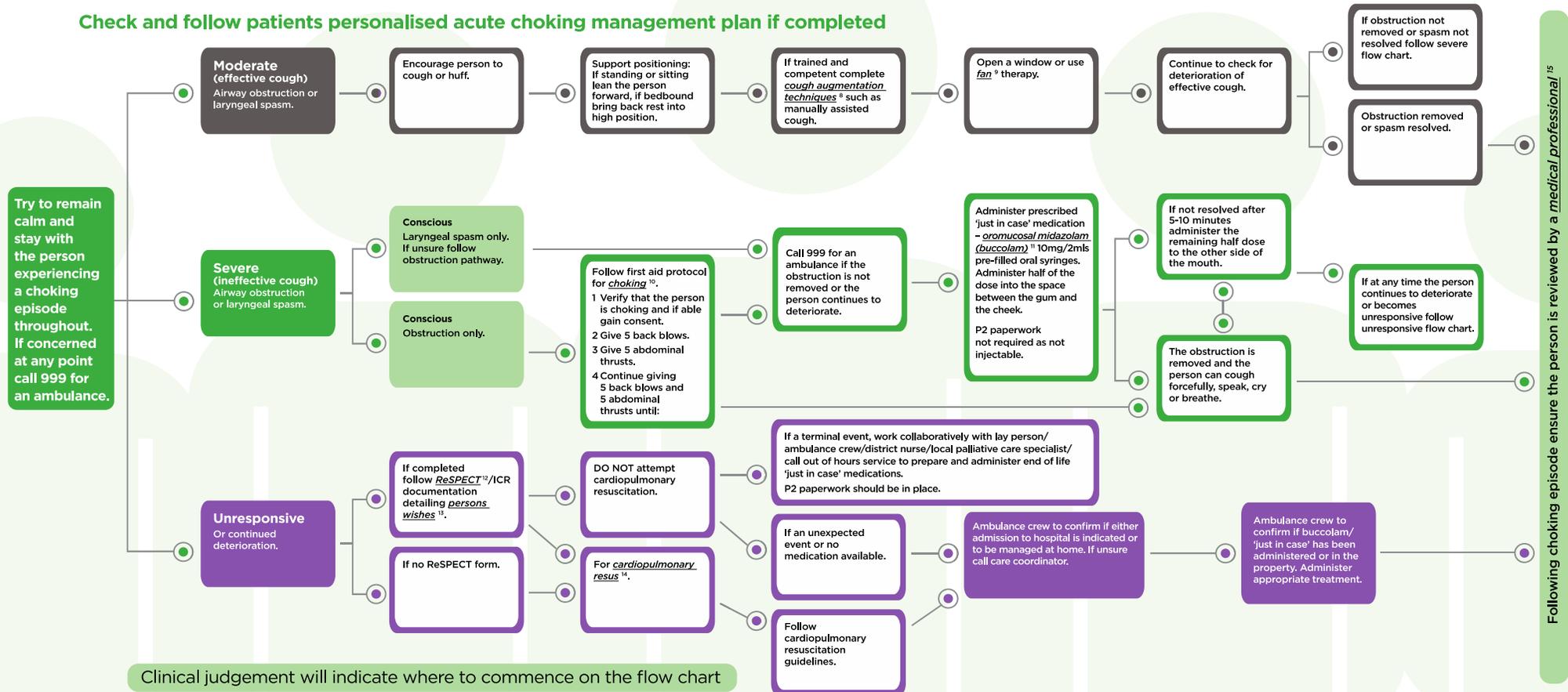
## Palliative care medical emergency: Adult acute choking episodes

This guidance is designed for adults at risk of acute choking episodes due to **dysphagia**<sup>1</sup> or laryngeal spasm. This includes people who may experience a weak ineffective cough due to respiratory muscle weakness.

For **palliative conditions**<sup>2</sup> including **head and neck cancers**<sup>3</sup>, **motor neurone disease**<sup>4</sup>, **multiple sclerosis**<sup>5</sup>, **parkinson's disease**<sup>6</sup> and people with **frailty**<sup>7</sup>.

For further information: click on the ***bold italic and underlined*** wording which will redirect you to the original reference. A list of references are on pages five and six of this document.

Check and follow patients personalised acute choking management plan if completed



# Guidance for healthcare professionals

## Palliative care medical emergency: Adult acute choking episodes

### Dealing with a choking emergency

- Follow the managing choking episodes guidance on previous page.
- Try to stay calm, reassure and clearly explain what's happening to the patient and any family, friends or carers who are present.
- Call for help.
- Tell any family or friends who are not there about the emergency, if appropriate.

### After an emergency

- Update care plan and review of swallow as appropriate.
- Dealing with a palliative care emergency can be distressing. Patients, carers and healthcare staff are likely to require considerable practical, psychological and spiritual support. If you need support afterwards, speak to your manager or colleagues.

### Signs and symptoms of choking

#### Look for:

- Difficulty breathing or coughing.
- Sudden inability to speak, particularly if eating or drinking.
- Hand signals and signs of panic or distress.
- Clutching, grasping or pointing to their chest or throat (the universal sign of choking).
- Gagging or wheezing.
- A red puffy face.
- Disorientation/passing out.
- Turning blue – Cyanosis, a blue colouring to the skin, can be seen earliest around the face, lips, and fingernail beds.



## Prepare for a palliative care choking emergency

Dysphagia can present as a complication of many **palliative conditions**<sup>2</sup> including head and neck **cancer**<sup>17</sup>, motor neuron disease, multiple sclerosis, parkinson's disease and people with frailty. A small number of these conditions may also experience additional symptoms of sialorrhoea, laryngeal spasm and respiratory muscle weakness resulting in an ineffective cough. These symptoms can cause extremely distressing coughing and choking episodes where the airway is partly or completely blocked, meaning the person may be unable to breathe properly.

**Choking is a medical emergency and the person requires immediate help.**

**It is essential to identify people at risk of choking episodes, to minimise the risk of choking occurring and prepare how to manage acute episodes.**

### Prepare<sup>16</sup> for a potential choking emergency<sup>18</sup> in the following ways:

- Identify which patients are at risk of choking episodes and complete **cough assessment**<sup>19</sup> including understanding reasons for cough, fears and to look for potentially reversible causes.
- For weak ineffective moist cough a prescribing professional may consider **antisecretory pharmacological management**<sup>21</sup>.
- A prescribing professional may consider 'just in case' medication in the event of acute choking such as **oromucosal midazolam (buccolam)**<sup>11</sup> 10mg/2mls pre-filled oral syringes.
- A multi-disciplinary approach is most beneficial in order to implement holistic management. This may include, **physiotherapy**<sup>22</sup>, **dietetics**<sup>23</sup>, **speech and language therapy**<sup>24</sup>, **nurses**<sup>25</sup> and **doctors**<sup>26</sup> as well as the individual and their family and/or **carers**<sup>27</sup>.
- Know what the patient's wishes are in case of an emergency. For example, whether they would want to be admitted to hospital, and whether they have a **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)** order or **ReSPECT**<sup>12</sup> documentation. Discussions must be recorded in medical records.
- Complete a patient and carer plan for management of an acute choking episode including **written and pictorial information**<sup>28</sup>.
- Help the person and those close to the patient to understand what to expect if there is an emergency. Approach the conversation sensitively and be aware it may make them more worried. **Although choking to death is commonly feared, it is important to offer reassurance this is very rare.**

- Check your local policy so you know who to contact in an emergency in normal working hours and out of hours. Be clear what your role is, in the care team when dealing with an emergency.



## References

Title	Number	References
Dysphagia	1	<a href="https://www.mdsonline.org/asia/uploads/2021/08/Information-sheet-pb-dysphagia-in-motor-neurone-disease.pdf">https://www.mdsonline.org/asia/uploads/2021/08/Information-sheet-pb-dysphagia-in-motor-neurone-disease.pdf</a>
Palliative conditions	2	<a href="http://www.spcr.ie/wp-content/uploads/2019/09/Oxford-Textbook-of-Palliative-Medicine-4-Cherry-M-Fallon-S-Kaasa-R-K-Portenoy-D-C-Currow-eds-Oxford-Textbook-of-Palliative-Medicine-2015-Oxford-University-Press.pdf">http://www.spcr.ie/wp-content/uploads/2019/09/Oxford-Textbook-of-Palliative-Medicine-4-Cherry-M-Fallon-S-Kaasa-R-K-Portenoy-D-C-Currow-eds-Oxford-Textbook-of-Palliative-Medicine-2015-Oxford-University-Press.pdf</a>
Head and neck cancer	3	<a href="https://www.nice.org.uk/guidance/conditions-and-diseases/cancers/head-and-neck-cancers">https://www.nice.org.uk/guidance/conditions-and-diseases/cancers/head-and-neck-cancers</a>
Motor neuron disease	4	<a href="https://www.nice.org.uk/guidance/ng42">https://www.nice.org.uk/guidance/ng42</a>
Multiple sclerosis	5	<a href="https://www.nice.org.uk/guidance/ng20">https://www.nice.org.uk/guidance/ng20</a>
Parkinson's disease	6	<a href="https://www.nice.org.uk/guidance/ng71">https://www.nice.org.uk/guidance/ng71</a>
Frailty	7	<a href="https://www.dps.org.uk/resources/food-of-life-care-in-frailty-dysphagia">https://www.dps.org.uk/resources/food-of-life-care-in-frailty-dysphagia</a>
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Fan therapy	9	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3782037/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3782037/</a>
First aid for choking	10	<a href="https://www.resus.org.uk/sites/default/files/2021-04/Adult%20Choking%20Algorithm%202021.pdf">https://www.resus.org.uk/sites/default/files/2021-04/Adult%20Choking%20Algorithm%202021.pdf</a>
Oromucosal midazolam (buccolam)	11	<a href="https://bnf.nice.org.uk/drugs/midazolam/medicinal-forms/">https://bnf.nice.org.uk/drugs/midazolam/medicinal-forms/</a>
ReSPECT	12	<a href="https://www.resus.org.uk/help/resect-resources">https://www.resus.org.uk/help/resect-resources</a>
Persons wishes	13	<a href="https://www.resus.org.uk/public-resources/cpr-decisions-and-dnacr">https://www.resus.org.uk/public-resources/cpr-decisions-and-dnacr</a>
Cardio pulmonary resus	14	<a href="https://www.resus.org.uk/library/2021-resuscitation-guidelines/adult-basic-life-support-guidelines">https://www.resus.org.uk/library/2021-resuscitation-guidelines/adult-basic-life-support-guidelines</a>
Medical professional	15	<a href="https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-do-if-someone-is-choking/">https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-do-if-someone-is-choking/</a>
Prepare	16	<a href="https://www.maricure.org.uk/professionals/palliative-care-knowledge-zone/recognising-emergencies/recognising-emergencies#common">https://www.maricure.org.uk/professionals/palliative-care-knowledge-zone/recognising-emergencies/recognising-emergencies#common</a>
Cancer	17	<a href="https://www.nice.org.uk/">https://www.nice.org.uk/</a>
Emergency	18	<a href="https://www.palliativecareguidelines.scot.nhs.uk/guidelines/palliative-emergencies/emergencies-overview.aspx">https://www.palliativecareguidelines.scot.nhs.uk/guidelines/palliative-emergencies/emergencies-overview.aspx</a>
Cough	19	<a href="https://cks.nice.org.uk/topics/palliative-care-cough/">https://cks.nice.org.uk/topics/palliative-care-cough/</a>

Title	Number	References
Assessment	20	<a href="https://www.palliativecareguidelines.scot.nhs.uk/media/71261/2019-cough.pdf">https://www.palliativecareguidelines.scot.nhs.uk/media/71261/2019-cough.pdf</a>
Antisecretory pharmacological management	21	<a href="https://bnf.nice.org.uk/treatment-summaries/aromatic-inhalations-cough-preparations-and-systemic-nasal-decongestants/#cough-preparations-in-adults">https://bnf.nice.org.uk/treatment-summaries/aromatic-inhalations-cough-preparations-and-systemic-nasal-decongestants/#cough-preparations-in-adults</a>
Physiotherapist	22	<a href="https://www.ctcp.org.uk/">https://www.ctcp.org.uk/</a>
Dietetics	23	<a href="https://www.bds.uk.com/">https://www.bds.uk.com/</a>
Speech and language therapy	24	<a href="https://www.rcsl.org/">https://www.rcsl.org/</a>
Nurses	25	<a href="https://www.rcn.org.uk/">https://www.rcn.org.uk/</a>
Doctor	26	<a href="https://www.rcplondon.ac.uk/">https://www.rcplondon.ac.uk/</a>
Carers	27	<a href="https://www.carersuk.org/">https://www.carersuk.org/</a>
Written and pictorial information	28	<a href="https://www.sja.org.uk/globalassets/first-aid-posters/posters-2022/sja-choking-poster.pdf">https://www.sja.org.uk/globalassets/first-aid-posters/posters-2022/sja-choking-poster.pdf</a>
Signs and symptoms of choking	29	<a href="https://www.sja.org.uk/get-advice/first-aid-advice/choking/adult-choking/">https://www.sja.org.uk/get-advice/first-aid-advice/choking/adult-choking/</a>

VI Developed by Dorinda Moffatt Specialist Neurorespiratory Physiotherapist/Specialist Frailty Therapist, February 2025 – review date February 2025

# Individualised acute choking episode management plan

This plan is to sit alongside ReSPECT documentation and any prescribed just in case medication. try to remain calm and stay with the person experiencing a choking episode throughout. If concerned at any point call 999 for an ambulance.

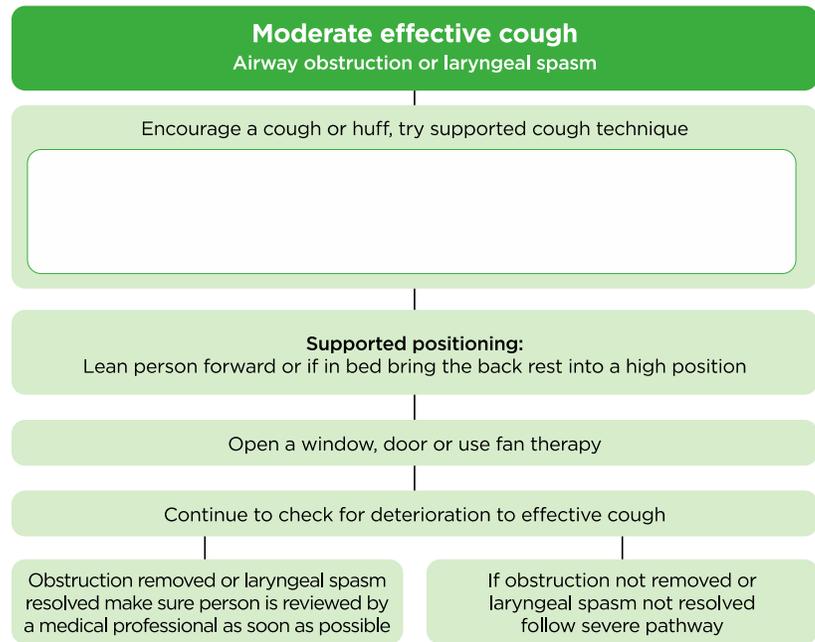
Name:

Date of birth:

NHS number:

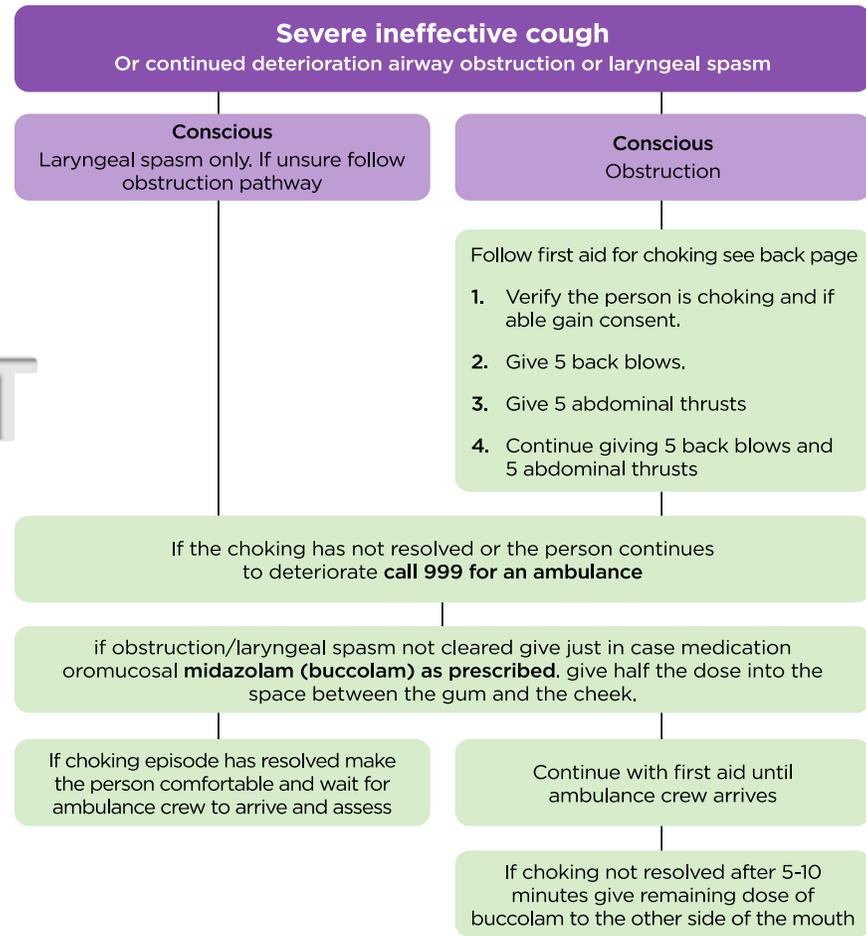
Completed by:

## Assess severity of choking



Turn over for severe ineffective cough

## Assess severity of choking



Turn over for ReSPECT information

DRAFT

## Assess severity of choking

### ReSPECT information for ambulance crew

Cardiopulmonary resus

Yes  No

[Empty text box for cardiopulmonary resus information]

To be admitted to hospital for treatment if indicated

Yes  No

[Empty text box for hospital admission information]

Consent to treatment if indicated

[Empty text box for consent information]

Turn over for first aid for choking

## Ask me what to do if someone is choking

### 1. Cough it out

- Encourage the person to keep coughing.



### 2. Slap it out

- Give it up to five sharp back blows between the shoulder blades.
- Check their mouth.



### 3. Squeeze it out

- Give up to five abdominal thrusts.



### 4. Call 999/112

- If they're still choking, call 999/112 for emergency help. Repeat back blows and abdominal thrusts until help arrives.

First aid  
saves lives  
sja.org.uk

St John  
Ambulance

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Registered charity number: 280093

President: Her Majesty The Queen  
  
Approved by  
REGULATOR  
Company registration: 1494909

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# “Will I choke to death?”

- Choking to death is commonly feared for pwMND
- However....choking episodes **DO NOT** result in a sudden death
- Offer reassurance this is extremely rare
- Data demonstrates approx. 98% cause of death in MND is generally following a peaceful hypercapnic coma
- Patients, carers & health care staff who care for them are likely to require considerable practical, psychological & spiritual support in managing distressing episodes

(MND Association, 2021)

## Airway

Swallowing issues  
Poor cough reflex  
Saliva blocking airway

Consider suction

## Breathing

High respiratory rate  
SPO<sub>2</sub> 88-92%  
Have they got a Bi-pap machine  
Aetiology of lungs is normal

Place patient on Bi-pap  
BTS guidelines for oxygen use in healthcare and emergency settings (2017)  
2 litres O<sub>2</sub> with caution to achieve target saturation (JRCALC, 2016)

## Circulation

May be rapid due to the increased breathing rate but could be within normal range

Tachycardia can be a normal presentation

## Disability

80% of MND patients have communication issues  
Cognitive function is usually normal

Take your time with these patients

## Environmental

Dehydration can be a problem  
They may have a PEG feed – which can get blocked  
They may have a catheter in situ

Have they got a 'Just in Case kit?'

The MND Just in Case kit is a box supplied free of charge to a GP for a named patient.

It is designed to hold medication for the management of symptoms in an emergency: this may include episodes of breathlessness, choking and/or associated anxiety or panic.

# Prospect Hospice

together making every day count

## Motor neurone disease

First contact with a patient with MND?

Motor neurone disease (MND) is a fatal, rapidly progressing disease that affects the brain and spinal cord. It has no cure.

**Make sure you find out how they communicate**

**Never lie them flat even if breathless**

**Don't allow them high flow oxygen (unless in their care plan)**

- Consult their care plan
- Avoid A&E wherever possible
  - contact their district nursing team and local care team
  - speak to their local palliative care coordinator or their GP

People experience MND differently.

Please take your time with these patients, and their carers/relatives.

You may come across a patient with MND. These patients have complex needs. This tool card is to help you understand their condition and to give brief guidance on appropriate treatment for these patients.

### Key points

People with MND could have a high NEWS score however this could be normal for them. They will have a normal increased respiratory rate and also a lower SpO<sub>2</sub> that needs to be taken into account. Establish if this has changed.

Do they advance

mnd

## MND Alert

I have motor neurone disease and need specialist care if admitted to hospital.

Caution: I may be at risk with oxygen.

Further information at:  
<https://bit.ly/AcuteMND>

mnda  
motor neurone disease  
association

## Understanding my needs:

a personal record to help you support me with motor neurone disease



For more information about MND see NICE guideline NG42 and visit [www.mndassociation.org](http://www.mndassociation.org)

<https://www.mndassociation.org/sites/default/files/2022-11/Paramedic-card.pdf>

# Caution: Oxygen therapy in MND

- Patients presenting with respiratory distress due to chronic neuromuscular weakness will rapidly retain carbon dioxide (hypercapnia)
- Oxygen does not help breathlessness
- Can have a serious detrimental effect reducing respiratory drive / increase CO<sub>2</sub> retention / lead to respiratory failure & death
- Oxygen therapy should be used with extreme caution in patients with MND-related respiratory problems
- Monitored by arterial blood gas analysis
- Palliative oxygen may be appropriate but at lowest levels with aim to wean
- Aim sats 88%-92%
- Video: <https://bit.ly/MND-Oxygen>

# References

## References

Title	Number	References
Dysphagia	1	<a href="https://www.mndassociation.org/app/uploads/2021/08/information-sheet-p8-dysphagia-in-motor-neurone-disease.pdf">https://www.mndassociation.org/app/uploads/2021/08/information-sheet-p8-dysphagia-in-motor-neurone-disease.pdf</a>
Palliative conditions	2	<a href="http://www.spcf.ir/wp-content/uploads/2019/09/Oxford-Textbook-of-Palliative-Medicine-N-Cherny-M-Fallon-S-Kaasa-R-K-Portenoy-D-C-Currow-eds-Oxford-Textbook-of-Palliative-Medicine-2015-Oxford-University-Press.pdf">http://www.spcf.ir/wp-content/uploads/2019/09/Oxford-Textbook-of-Palliative-Medicine-N-Cherny-M-Fallon-S-Kaasa-R-K-Portenoy-D-C-Currow-eds-Oxford-Textbook-of-Palliative-Medicine-2015-Oxford-University-Press.pdf</a>
Head and neck cancer	3	<a href="https://www.nice.org.uk/guidance/conditions-and-diseases/cancer/head-and-neck-cancers">https://www.nice.org.uk/guidance/conditions-and-diseases/cancer/head-and-neck-cancers</a>
Motor neurone disease	4	<a href="https://www.nice.org.uk/guidance/ng42">https://www.nice.org.uk/guidance/ng42</a>
Multiple sclerosis	5	<a href="https://www.nice.org.uk/guidance/ng220">https://www.nice.org.uk/guidance/ng220</a>
Parkinson's disease	6	<a href="https://www.nice.org.uk/guidance/ng71">https://www.nice.org.uk/guidance/ng71</a>
Frailty	7	<a href="https://www.bgs.org.uk/resources/end-of-life-care-in-frailty-dysphagia">https://www.bgs.org.uk/resources/end-of-life-care-in-frailty-dysphagia</a>
Cough augmentation techniques	8	<a href="https://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/cough.aspx">https://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/cough.aspx</a> Hough, A. (2014) Physiotherapy in Respiratory and Cardiac Care: An evidence-based approach to respiratory management. 4th ed. United Kingdom: Cengage Learning.
Fan therapy	9	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3782037/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3782037/</a>
First aid for choking	10	<a href="https://www.resus.org.uk/sites/default/files/2021-04/Adult%20Choking%20Algorithm%202021.pdf">https://www.resus.org.uk/sites/default/files/2021-04/Adult%20Choking%20Algorithm%202021.pdf</a>
Oromucosal midazolam (buccolam)	11	<a href="https://bnf.nice.org.uk/drugs/midazolam/medicinal-forms/">https://bnf.nice.org.uk/drugs/midazolam/medicinal-forms/</a>
ReSPECT	12	<a href="https://www.resus.org.uk/respect/respect-resources">https://www.resus.org.uk/respect/respect-resources</a>
Persons wishes	13	<a href="https://www.resus.org.uk/public-resource/cpr-decisions-and-dnacpr">https://www.resus.org.uk/public-resource/cpr-decisions-and-dnacpr</a>
Cardio pulmonary resus	14	<a href="https://www.resus.org.uk/library/2021-resuscitation-guidelines/adult-basic-life-support-guidelines">https://www.resus.org.uk/library/2021-resuscitation-guidelines/adult-basic-life-support-guidelines</a>
Medical professional	15	<a href="https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-do-if-someone-is-choking/">https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-do-if-someone-is-choking/</a>
Prepare	16	<a href="https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/recognising-emergencies/recognising-emergencies#common">https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/recognising-emergencies/recognising-emergencies#common</a>
Cancer	17	<a href="https://www.macmillan.org.uk/">https://www.macmillan.org.uk/</a>
Emergency	18	<a href="https://www.palliativecareguidelines.scot.nhs.uk/guidelines/palliative-emergencies/emergencies-overview.aspx">https://www.palliativecareguidelines.scot.nhs.uk/guidelines/palliative-emergencies/emergencies-overview.aspx</a>
Cough	19	<a href="https://cks.nice.org.uk/topics/palliative-care-cough/">https://cks.nice.org.uk/topics/palliative-care-cough/</a>

Title	Number	References
Assessment	20	<a href="https://www.palliativecareguidelines.scot.nhs.uk/media/71261/2019-cough.pdf">https://www.palliativecareguidelines.scot.nhs.uk/media/71261/2019-cough.pdf</a>
Antisecretory pharmacological management	21	<a href="https://bnf.nice.org.uk/treatment-summaries/aromatic-inhalations-cough-preparations-and-systemic-nasal-decongestants/#cough-preparations-in-adults">https://bnf.nice.org.uk/treatment-summaries/aromatic-inhalations-cough-preparations-and-systemic-nasal-decongestants/#cough-preparations-in-adults</a>
Physiotherapist	22	<a href="https://www.csp.org.uk/">https://www.csp.org.uk/</a>
Dietetics	23	<a href="https://www.bda.uk.com/">https://www.bda.uk.com/</a>
Speech and language therapy	24	<a href="https://www.rcslt.org/">https://www.rcslt.org/</a>
Nurses	25	<a href="https://www.rcn.org.uk/">https://www.rcn.org.uk/</a>
Doctor	26	<a href="https://www.rcplondon.ac.uk/">https://www.rcplondon.ac.uk/</a>
Carers	27	<a href="https://www.carersuk.org/">https://www.carersuk.org/</a>
Written and pictorial information	28	<a href="https://www.sja.org.uk/globalassets/first-aid-posters/posters-2022/sja-choking-poster.pdf">https://www.sja.org.uk/globalassets/first-aid-posters/posters-2022/sja-choking-poster.pdf</a>
Signs and symptoms of choking	29	<a href="https://www.sja.org.uk/get-advice/first-aid-advice/choking/adult-choking/">https://www.sja.org.uk/get-advice/first-aid-advice/choking/adult-choking/</a>

V1 Developed by Dorinda Moffatt Specialist Neurorespiratory Physiotherapist/Specialist Frailty Therapist, February 2023 – review date February 2025

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- Royal College of General Practitioners. Red flag diagnosis tool. Available from URL: <https://www.mndassociation.org/professionals/management-of-mnd/management-by-specific-professions/information-for-gps/red-flag-diagnosis-tool>
- Acute emergency care: <https://www.mndassociation.org/sites/default/files/2023-01/MND%20in%20acute%20urgent%20and%20emergency%20care%202022.pdf>
- **MND Association contact helpline Tel: 0808 802 6262**

*WHEN YOU CAN'T BREATHE...  
NOTHING ELSE MATTERS*

*EVERYDAY IS A MATTER OF LIFE  
AND BREATH*

(Hough, 2014)