

Recognizing Choking in the Responsive Adult and Child	Mild Airway Obstruction	Severe Airway Obstruction
	Signs: <ul style="list-style-type: none"> - Good air exchange - Responsive and can cough forcefully - May wheeze between coughs 	Signs: <ul style="list-style-type: none"> - Poor or no air exchange - Weak, ineffective cough or no cough at all - High pitched noise while inhaling or no noise at all - Increased respiratory difficulty - Possible cyanosis (turning blue) - Unable to speak - Clutching the neck with the thumb and fingers, making the universal choking sign - Unable to move air

Recognizing Choking in the Responsive Adult and Child	Mild Airway Obstruction	Severe Airway Obstruction
	Rescuer actions: <ul style="list-style-type: none"> - as long as good air exchange continues, encourage the victim to continue spontaneous coughing and breathing efforts - Do not interfere with the victim's own attempts to expel the foreign body, but stay with the victim and monitor his or her condition - If mild airway obstruction persists, activate the emergency response system. 	Rescuer actions: <ul style="list-style-type: none"> - Ask the victim if he or she is choking. If the victim nods yes and cannot talk, severe airway obstruction is present and you must activate the emergency response system

Abdominal Thrusts with Victim Standing or Sitting	Step	Action
	1	Stand or kneel behind the victim and wrap your arms around the victim's waist
	2	Make a fist with one hand.
	3	Place the thumb side of your fist against the victim's abdomen, in the midline, slightly above the navel and well below the breastbone.
	4	Grasp your fist with your other hand and press your fist into the victim's abdomen with a quick upward thrust.
	5	Repeat thrusts until the object is expelled from the airway or the victim becomes unresponsive
	6	Give each new thrust with a separate, distinct movement to relieve the obstruction

Sequence of Actions After Relief of Choking	Step	Action		
	1	Provide 2 breaths.		
	2	Check for a pulse		
		Pulse?	Breathing?	Then you should
		No	No	Perform chest compressions and attach the AED
		Yes	No	Continue rescue breathing and check for pulse every 2 minutes
	Yes	Yes	Place the victim in the recovery position and continue monitoring until EMS personnel arrive.	
3	If you successfully relieve choking with abdominal thrusts, encourage the victim to seek immediate medical attention to ensure that the victim does not have a complication from abdominal thrusts.			

Recognizing Choking in the Responsive Infant	Incomplete Airway Obstruction	Complete Airway Obstruction
	Signs: - Good air exchange - Responsive and can cough forcefully - May wheeze between coughs	Signs: - Poor or no air exchange - Weak, ineffective cough or no cough at all - High pitched noise while inhaling or no noise at all - Increased respiratory difficulty - Possible cyanosis (turning blue) - Unable to cry
	Rescuer Actions	Rescuer Actions
	- Do not interfere with the victim's own attempts to expel the foreign body, but stay with the victim and monitor his or her condition. - If mild airway obstruction persists, activate the emergency response system	- If the victim cannot make any sounds or breathe, severe airway obstruction is present and you must activate the emergency response system.

Relieving Choking in the Responsive Infant	Step	Action
	1	Kneel or sit with the infant in your lap.
	2	If it is easy to do, bare the infant's chest.
	3	Hold the infant prone (facedown) with the head slightly lower than the chest, resting on your forearm. Support the infant's head and jaw with your hand. Take care to avoid compressing the soft tissues of the infant's throat. Rest your forearm on your lap or thigh to support the infant.
	4	Deliver up to 5 back slaps forcefully in the middle of the back between the infant's shoulder blades, using the heel of your hand. Deliver each slap with sufficient force to attempt to dislodge the foreign body.
	5	After delivering up to 5 back slaps, place your free hand on the infant's back, supporting the back of the infant's head with the palm of your hand. The infant will be adequately cradled between your 2 forearms, with the palm of one hand supporting the face and jaw while the palm of the other hand supports the back of the infant's head.
	6	Turn the infant as a unit while carefully supporting the head and neck. Hold the infant on his back with your forearm resting on your thigh. Keep the infant's head lower than the trunk.
	7	Provide up to 5 quick downward chest thrusts in the same location as chest compressions - just below the nipple line. Deliver chest thrusts at a rate of about 1 per second, each with the intention of creating enough of an "artificial cough" to dislodge the foreign body.
	8	Repeat the sequence of up to 5 back slaps and up to 5 chest thrusts until the object is removed or the infant becomes unresponsive

Relieving Choking in the Unresponsive Infant	Step	Action
	1	Place the infant on a firm, flat surface.
	2	Open the infant's airway and look for an object in the pharynx. If an object is visible, remove it. Do not perform a blind finger sweep.
	3	Begin CPR with 1 extra step: each time you open the airway, look for the obstructing object in the back of the throat. If you see an object, remove it.
4	After approximately 5 cycles (about 2 minutes) of CPR, activate the emergency response system.	