

to recognize the signs of FB aspiration, observe for worsening of respiratory symptoms, and implement immediate measures to relieve an emergency obstruction. Choking on food or other material should not be fatal. To aid a child who is choking, nurses must recognize the signs of distress. A blind sweep of the child's mouth should never be performed, because it may lodge the agent farther into the airway. Not every child who gags or coughs while eating is truly choking.

Nursing Alert

The child in severe distress (1) cannot speak, (2) becomes cyanotic, and (3) collapses. These three signs indicate that the child is truly choking and requires immediate action. The child can die within 4 minutes.

Prevention

Nurses are in a position to teach prevention in a variety of settings. They can educate parents singly or in groups about hazards of aspiration in relation to the developmental level of their children and encourage them to teach their children safety. Parents should be cautioned about behaviors that their children might imitate (e.g., holding foreign objects, such as pins, nails, and toothpicks, in their lips or mouth). (Prevention based on the child's age is discussed in [Chapters 9](#) and [11](#).) Parents should be educated on access to age-appropriate toys and how older sibling toys could be hazardous for younger siblings. Magnets must be kept away from younger children. Soft tissue damage can result from magnets being attached to each other in the airway or gastrointestinal tract.

Aspiration Pneumonia

Aspiration pneumonia occurs when food, secretions, inert materials, volatile compounds, or liquids enter the lung and cause inflammation and a chemical pneumonitis. Aspiration of fluid or foods is a particular hazard in the child who has difficulty with swallowing or is unable to swallow because of paralysis, weakness, debility, congenital anomalies, or absent cough reflex or in the child who is force-fed, especially while crying or breathing rapidly.