

Choking vs Dysphagia vs Globus

How parents can tell the difference — and what to do next.

At-a-glance

□ What this is: Choking is an airway emergency. Dysphagia is trouble swallowing (food pipe). Globus is a lump sensation, often related to irritation or stress.

□ Typical ages: All ages; choking risk is highest in toddlers; dysphagia/food sticking more common in older kids and teens.

□ What to do today: Use safe food practices, supervise meals, and track episodes. Seek urgent care if breathing or swallowing is unsafe.

⚠ Red flags (urgent/ER): Cannot breathe, cannot talk/cry, blue color, drooling/cannot swallow saliva, suspected food stuck in esophagus, breathing trouble after choking.

□ When to see a clinician: Routine visit for recurrent choking/coughing with feeds, long mealtimes, weight loss, or food sticking episodes.

What it is (plain language)

Parents often hear: “Food went down the wrong way,” “Food is stuck,” or “Something is in my throat.” These can mean different things.

This guide helps you tell the difference between choking (airway problem), dysphagia (swallowing problem), and globus (sensation of a lump).

Key differences (quick)

- Choking (airway): trouble breathing, cannot talk/cry, turns blue, silent cough. This is an emergency.
- Gagging/coughing: noisy cough with breathing—child is protecting airway; still watch closely.
- Dysphagia (swallowing/food pipe): food feels stuck, pain with swallowing, coughing with liquids, slow eating, recurrent chest infections.
- Globus: “lump in throat” sensation, often better when eating/drinking; commonly related to reflux, post-nasal drip, or anxiety.

⚠ If you suspect choking: act immediately

Call emergency services and start age-appropriate choking first aid. If your child cannot breathe, cannot cough, or is turning blue, this is an emergency.

Why it happens (causes & triggers)

- Choking: small hard foods (nuts, grapes), fast eating, distraction, poor chewing.
- Dysphagia: reflux irritation, enlarged tonsils, swallowing coordination issues, eosinophilic esophagitis, strictures, neurologic conditions.
- Globus: reflux, throat irritation, stress/anxiety, post-nasal drip.

What parents might notice (symptoms)

- Choking: sudden distress during eating; silent/weak cough; inability to speak.
- Dysphagia: coughing/choking with drinking, food getting stuck, avoidance of certain textures, long mealtimes, weight issues.
- Globus: intermittent throat tightness, frequent throat clearing, symptoms worse with stress.

Home care and what helps (safe steps)

- For toddlers: cut grapes, cook/soften foods, avoid whole nuts and hard candies.
- Encourage seated meals, slow bites, and no running/playing with food in mouth.
- If reflux symptoms: avoid large late meals, keep upright after eating; discuss reflux treatment with clinician.
- If anxiety-related globus: reassurance, calm breathing, sips of water, address stress.

What NOT to do

- Do not do blind finger sweeps in the mouth (can push object deeper).
- Do not force large amounts of water/bread to 'push food down' if it feels stuck—seek care if persistent.
- Avoid giving small round hard foods to young children.

When to worry: triage guidance

- Call 911 / Emergency now: child cannot breathe, cannot cry/talk, turning blue, or becomes limp.
- Same-day urgent visit: persistent drooling, inability to swallow saliva, suspected food stuck in esophagus, breathing trouble after choking episode, fever with cough after choking (aspiration).
- Routine appointment: recurrent choking/coughing with feeds, weight loss, frequent pneumonia, "food sticking" episodes.
- Watch at home: brief coughing episode that fully resolves and child is well—still discuss if recurrent.

How doctors diagnose it (what to expect)

- History of episodes and what textures trigger symptoms.
- Exam of mouth/throat; sometimes ENT evaluation for tonsils/adenoids.

- Swallow study (speech-language pathologist) if liquids/foods cause coughing.
- GI evaluation/endoscopy if food sticking, suspected eosinophilic esophagitis, or reflux complications.

Treatment options

- Feeding/swallow therapy for coordination issues.
- Treat reflux or allergies if contributing.
- Endoscopic treatment if narrowing/stricture or eosinophilic esophagitis is diagnosed.

Printable tools

Use these to communicate clearly with clinicians.

- Episode log: what food, what happened, how long, what helped.
- Red flags fridge sheet.

Episode log (printable)

Date	Food/drink	What happened (cough/choking/food stuck?)	Recovery	Notes

Credible sources and last updated date

- AAP/HealthyChildren.org choking prevention guidance (age-appropriate foods).
- Children’s hospital resources on dysphagia and swallow studies (SLP).
- GI society resources on food impaction and eosinophilic esophagitis.

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Safety disclaimer

This guide supports—not replaces—care from your child’s clinician. If you are worried that your child is very unwell, has severe pain, trouble breathing, repeated vomiting, or signs of dehydration, seek urgent medical care right away.

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Email Dr. Hussein's Assistant Elizabeth Gray at:
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In the email subject, please write:
New Assessment Appointment with Dr. Hussein

Important: This appointment is completely online as Dr. Hussein is currently working overseas.
This service is not covered by OHIP.

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<https://blog.pedsgimind.ca/blog/choking-vs-dysphagia-vs-globus-in-children-how-we-can-tell-the-difference/>



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