**SKILL: Adult Choking without the use of equipment**

**LEARNER NAME: DATE: / /**

*\*\*Learner expected to introduce him/herself and ask for consent at all times*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **PERFORMANCE** | **Possible Points** | **Points Obtained** | **Competent** | **Omitted** |
|  | **Adult Choking** |  |  |  |  |
| 1 | Confirm airway obstruction |  |  |  |  |
| 2 | Position and perform up to 5 back blows |  |  |  |  |
| 3 | Correct hand position during back blows |  |  |  |  |
| 4 | Perform up to 5 abdominal thrusts (or chest thrusts if obese/pregnant) |  |  |  |  |
| 5 | Correct hand position during thrusts |  |  |  |  |
| 6 | Continue until effective or patient collapse |  |  |  |  |
|  | **Patient becomes Unresponsive** |  |  |  |  |
| 7 | Patient lowered safely to the ground |  |  |  |  |
| 8 | Request ALS |  |  |  |  |
| 9 | Commence CPR with compressions |  |  |  |  |
| 10 | Inspect airway before ventilations |  |  |  |  |
|  | **Object becomes Visible** |  |  |  |  |
| 11 | Perform finger sweep |  |  |  |  |
| 12 | Check breathing |  |  |  |  |
|  | **Patient starts to breath normally** |  |  |  |  |
| 13 | Consider Oxygen |  |  |  |  |
| 14 | Check circulation |  |  |  |  |
|  | Candidate is advised - “Adequate pulse present” |  |  |  |  |

References:

* PHECC
* AHA

**Overall assessment of learner’s performance:**

**NOT YET COMPETENT**

**COMPETENT**

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

