

"DOCTOR AT SEA" a monthly Column in The Islander Magazine

Choking

Choking over food can strike out of the blue in the middle of a meal especially when the conversation is flowing and the food has become a pleasant but secondary consideration until a piece of food sticks in the throat. This can lead to a complete blockage of the gullet (oesophagus) and also the wind-pipe (trachea) so that breathing can stop completely. The victim is unable to speak or to cough and rapidly becomes very distressed after the initial embarrassment gives way to fear then panic. The victim starts to clutch the throat and prefers to get to their feet and bend forward at the waist. The inability to cough prevents what could have been a quick and easy natural cure and the inability to speak prevents an explanation of the problem. It is necessary to check what appears to be obvious and ask whether they are choking – vigorous nodding confirms the crisis.

The first response is to give up to five firm back slaps between the shoulder blades to try to dislodge the obstruction and check the mouth after each back slap with the casualty bending forward. Failing that, the next step is to stand behind the casualty and place a fist in the centre of the abdomen under the rib cage then grip the wrist of the fist hand and pull sharply inwards and upwards towards the diaphragm – the Heimlich technique. This produces a short pressure wave from the abdomen up the lungs and into the large airways and thereby mimics a cough. It is necessary to apply up to five of these manoeuvres then, if there is no relief, resume the series of up to five back slaps and then alternate Heimlich thrusts and back slaps until the obstruction is expelled or the casualty loses consciousness due to lack of oxygen.

If the casualty loses consciousness, then it is necessary to start cardiopulmonary resuscitation with chest compressions and mouth-to-mouth resuscitation but this is for another article!

If the casualty starts to cough then breathe a sigh of relief and seek to remove the offending obstruction which may now be in the mouth if not already expelled. A conscious person will be very pleased with your efforts and should make a rapid recovery. An unconscious person who starts to cough should be put in the recovery position and be given oxygen, if available, for a few minutes.

Babies (under twelve months) may choke on food but also on small toys or other small objects placed in the mouth and they should be laid over an arm, face down, legs either side of the elbow with the head below the chest and back blows applied with the palms of the fingers. If these are not successful, turn the baby over and lay them on the other arm and use two fingers to produce up to five chest thrusts.

Abdominal (Heimlich) thrusts can be hazardous to some organs such as liver or spleen and can lead to internal bleeding so any choking victim who has lost consciousness and required abdominal thrusts ought to be seen by a doctor afterwards. (Abdominal thrusts are not applied to babies and small children under twelve months because they are more at risk of damage to internal abdominal organs). Medical review is not so easy at sea so it becomes very necessary to know how to monitor the casualty in these circumstances where serious internal bleeding can lead to shock and serious deterioration. Maritime First Aid Courses teach about choking and resuscitation as well as monitoring vital signs including pulse and blood pressure. There is likely to be an increasing use of tele-medicine facilities at sea and this will make real-time medical review more feasible but the value of well-trained crew at the scene will continue to make all the difference particularly in the immediate crisis but also in the aftermath as many situations at sea are far beyond the reach of conventional emergency services and are correspondingly much more hazardous than the same situation on land.

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