**Resuscitative Efforts Can Mimic a Choking Death**

A person found in bed with food in their mouth, pale and pulseless is often assumed to have choked to death. Likewise, food items found in the larynx (entry to the windpipe) during CPR, suctioning or autopsy can appear to confirm asphyxiation by choking on food. Both scenarios may, in fact, be due to death by choking, but can also be indicative of death by other means during which material entered the airway peri- or post- death.

Speech Language Pathologists (SLPs) do not determine cause of death but can offer insight on whether the events documented are consistent with choking to death or if resuscitative efforts likely caused or mimicked airway obstruction. Choking to death due to obstruction of the airway occurs over a period of time and typically manifests specific signs of asphyxiation. Death by other means can occur more rapidly or more slowly and presents with different signs and symptoms. The SLPs at Lios Manhe LLC will scour all documentation in your choking case and illustrate physical manifestations of choking that are or are not present.

The Act of CPR can cause or mimic a choking event as it creates pressure inside the patient’s body frequently resulting in vomiting. Emesis (vomited material) can be breathed into the airway giving the appearance of a choking event. Further increasing the likelihood of vomited material entering the airway is the fact that CPR is conducted on a prone patient. Epiglottic closure is typically less effective in a prone position increasing the probability of aspirating any material present in the mouth or pharynx.

Intubation can cause aspiration of material into the trachea or “gastric aspiration.” Placement of the breathing tube can induce the gag reflex, which can lead to vomiting of the stomach contents that can become stuck on or within the intubation tube and enter the trachea. Gastric aspiration has been found to be as common as in 50% of pre-hospital intubated patients and 22% of those intubated in the hospital. Vomiting may also be caused by the underlying medical condition and moved into the larynx during intubation or CPR. One of the primary risks of suctioning is hypoxia as a result of stimulating the Vagus nerve. The suction tube itself can move material that has been vomited into the airway

Anatomically, the trachea (windpipe) and esophagus are adjacent with the upper esophageal sphincter (UES) preventing material from exiting the esophagus and entering the larynx then the trachea. During vomiting, the UES is open, thus the expulsion of material from the stomach through the esophagus and into the pharynx. Material in the pharynx can subsequently be held in the pyriform sinuses and later breathed into the airway, it can be moved into the larynx during CPR, intubation or suctioning either causing an airway obstruction or having the appearance of causing an airway obstruction.

If your case involves choking and certainly when opposing counsel poses a question in deposition such as “can you tell what damage is from resuscitation efforts?” seek the SLP expertise at Lios Manhe LLC Expert Witnesses. Understanding the relative strengths and merits of evidence consistent with or inconsistent with choking can heavily influence the decision to settle or proceed. Contact hamilton@liosmanheLLC.