

Post Market Surveillance Report

The details below are from statements provided after the use of Dechoker in a choking situation.

Age (or range)	85
Gender	Male

Date of Incident:	07-06-2018
Location:	Timken Grange
County:	Northamptonshire

Contact Name:	Rachel Cadd
Contact Number:	01604 594310
Contact Email:	rachel.cadd@oakdalecaregroup.com

Details of Incident:

At lunchtime a resident was sitting in the dining area eating lunch. Staff noticed that the resident was struggling to breathe, and quickly identified that he was choking.

A member of staff leant the resident forwards in his chair and delivered back blows to try and remove the obstruction. This did not clear the obstruction despite repeated attempts.

Whilst the resident remained seated, the staff member placed the Dechoker over the resident's face and delivered 1 cycle. On the 2nd pull of the 1st cycle the obstruction was removed, and the resident was able to breathe.

The resident appeared fine after the incident, repeatedly assured staff that he had no concerns over this health and continued as normal. He was asked on several occasions how he felt and resisted any attempts to request medical attention.

Dechoker Note:

We met with the care team member a few days later and discussed the incident. They were aware that the protocol for usage was when the person has become unresponsive.

The resident in this instance is of a size that delivering abdominal thrusts was not possible.

In the circumstances, faced with a resident who was choking and unable to breathe, having already delivered repeated back blows and unable to deliver abdominal thrusts the most prudent course of action was to use the Dechoker.

Post Market Surveillance Report

The details below are from statements provided after the use of Dechoker in a choking situation.

Age (or range)	90
Gender	Female

Date of Incident:	23-09-2018
Location:	Dudbrook Hall
County:	Essex

Contact Name:	Kerry Toulson
Contact Number:	01277 372095
Contact Email:	kerrytoulson@stmichaelshomesltd.com

<p>Details of Incident:</p> <p>During lunchtime a resident was eating in the dining room when care staff became aware that resident was choking.</p> <p>The resident uses, and was sat in, a wheelchair and staff quickly moved her to safer place. Care staff leant the resident forward in her chair and began to deliver back blows. As these were being delivered the resident was turning blue and then became unresponsive.</p> <p>At this point care staff used the Dechoker whilst the resident remained in her chair. On the 2nd pull of the 1st cycle the obstruction was removed. The resident regained consciousness once the airway was clear.</p> <p>After inspecting the Dechoker it was mashed potato that was blocking the airway.</p> <p>As a precaution care staff summoned and out of hours GP who attended the care home and checked over the resident. He reported no concerns and suggested that care staff monitor her.</p>
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Post Market Surveillance Report

The details below are from statements provided after the use of Dechoker in a choking situation.

Age (or range)	
Gender	Male

Date of Incident:	09-08-2018
Location:	David Lewis Trust
County:	Cheshire

Contact Name:	Simon Priest
Contact Number:	
Contact Email:	Simon.Priest@davidlewis.org.uk

<p>Details of Incident:</p> <p>This incident relates to a resident who has a history of choking problems. In previous choking incidents care staff have used the backslap technique which have worked successfully.</p> <p>On this occasion the resident was struggling to swallow and immediately started to gasp. The food seemed to squelch in his throat.</p> <p>A member of care staff immediately began Choking Basic Life Support by delivering repeated back blows. These proved ineffective in removing the obstruction. The resident appeared to be really struggling to breathe, worse than on previous choking incidents.</p> <p>Two members of the care staff decided they would use the Dechoker as this point as they agreed in this situation it would cause less discomfort. They made this decision fully in the knowledge that this was not the protocol for which they had received training.</p> <p>A member of the care staff placed the Dechoker on the resident's face and pulled the handle which removed the obstruction on the 1st pull of the 1st cycle. The resident appeared shaken but relieved that the obstruction was removed.</p>

Post Market Surveillance Report

The details below are from statements provided after the use of Dechoker in a choking situation.

Age (or range)	97
Gender	Female

Date of Incident:	10-08-2018
Location:	Cedarwood House Care Home
County:	East Sussex

Contact Name:	Georgia
Contact Number:	01424 772428
Contact Email:	cedarwood@cedarscaregroup.co.uk

<p>Details of Incident:</p> <p>At lunchtime one of the care staff observed the resident leaving the dining room with her hand on her throat, she also appeared to be passing urine as walked. The member of staff went to the assistance of the resident and realised that her face was purple.</p> <p>The member of staff helped the resident into a dining room chair and could feel that she was becoming unsteady and floppy as she did so.</p> <p>Once in the chair, the member of staff leant the resident forwards and began to deliver back blows to try and remove the obstruction. After several blows the obstruction remained in the airway and the member of staff felt the resident go completely floppy.</p> <p>The member of staff called for the Dechoker to be passed over and leant the resident back in the chair. The Dechoker was placed over the resident's mouth whilst another member of staff held their head.</p> <p>The member of staff used to Dechoker for two cycles with the obstruction being pulled into the airway tube on the 2nd pull of the 2nd cycle. Within a few moments the resident regained consciousness and attempted to stand up and wander off. She was also speaking the care staff.</p> <p>The resident suffered no injury during the incident and did not require further medical treatment.</p>
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Post Market Surveillance Report

The details below are from statements provided after the use of Dechoker in a choking situation.

Age (or range)	97
Gender	Female

Date of Incident:	27-04-2018
Location:	Ashlands Care Centre
County:	Greater Manchester

Contact Name:	Paul Jones
Contact Number:	0161 905 0760
Contact Email:	ashlands.hometrainer@newcarehomes.com

Details of Incident:

At around 1000 Hrs a 97-year-old female resident mobilised independently to the dining area and brought with her some grapes provided by her family. As usual, the resident ate her fruit alongside her porridge. The resident was seated in a standard dining chair and has good sitting balance. Her choking risk was assessed as low.

Staff observed that the resident was in distress and was vomiting. Two members of staff assisted the resident to the floor and lay her on her side. The resident stopped vomiting, but staff noted that she was having difficulty breathing and was beginning to turn blue. Staff identified that the resident was choking and appeared to pass out.

Staff proceeded to use the Dechoker with one member of staff holding the mask over the resident's face and another operating the Dechoker. A third called 999. The first attempt did not clear the obstruction. The staff made a second attempt with the Dechoker which resulted in a grape being removed from the airway.

Both staff members who used the Dechoker felt confident in its use and found the Dechoker easy to use.

After clearing the obstruction, the resident began to cough and again appeared alert. Despite being shaken appeared to have made a full recovery. She spoke to staff, saying "I thought I was going to die".

As paramedics had already been called they attended [1 hour later] and decided to take her to hospital to be checked over as a precaution. After just 4 hours in Accident and Emergency the lady was discharged.

Update: 09-2018

Resident's mobility remains unchanged, normal diet and fluids, appetite remains good.



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Protocol #: DC-01 (Retrospective)


Site Number:

Study Number:

DECHOKER USE REPORT

1. Date of Incident (DD-MMM-YYYY)	27-Apr-2018		
2. Patient's Demography	Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		
	Age (years): 97 <input type="checkbox"/> Unknown		
	Place of Event: Ashlands Care Centre Greater Manchester, UK		
3. Primary Diagnosis	Data Unavailable		
4. Choking Cause	Food (grape)		
5. Anti-choking Treatments Prior/After Use of Dechoker Device	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Before</u> (check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u> </td> <td style="width: 50%; vertical-align: top;"> <u>After</u> (check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Forceps <input type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u> </td> </tr> </table>	<u>Before</u> (check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u>	<u>After</u> (check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Forceps <input type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u>
<u>Before</u> (check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u>	<u>After</u> (check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Forceps <input type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u>		
6. Anti-choking Treatment with Dechoker Device	Patient Position: <input type="checkbox"/> Sitting <input checked="" type="checkbox"/> Lying down <input type="checkbox"/> Standing <input type="checkbox"/> Unknown		
	Patient Status: <input type="checkbox"/> Conscious <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Unknown		
	# of Attempts: 1_Cycles 2 Pulls. <input type="checkbox"/> Unknown		
	Administered By: <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Not Patient, 2 administrators		
7. Anti-choking Treatment Outcome:	<input checked="" type="checkbox"/> Dechoker device removed FBAO ¹ without a problem after use <input type="checkbox"/> Dechoker device removed FBAO ¹ but with problems after use <input type="checkbox"/> Dechoker device did not remove FBAO ¹ and no problems after use <input type="checkbox"/> Dechoker device did not remove FBAO ¹ but with problems after use		

1. Foreign Body Airway Obstruction (FBAO)

 DeCHOKER Because every <u>second</u> counts.	0	1	0	1	-	0	5
	Protocol #: DC-01 (Retrospective)		Site Number:		Subject Number:		

DECHOKER USE REPORT

8. Choking Event Details:

At around 1000 hours a 97 year old female resident mobilized independently to the dining area and brought with her some grapes provided by her family. As usual, the resident ate her fruit alongside her porridge. The resident was seated in a standard dining chair and has good sitting balance. Her choking risk was assessed as low.

Staff observed that the resident was in distress and was vomiting. Two members of staff assisted the resident to the floor and lay her on her side. The resident stopped vomiting, but staff noted that she was having difficulty breathing and was beginning to turn blue. Staff identified that the resident was choking and appeared to pass out.

Staff proceeded to use the Dechoker with one member of staff holding the mask over the resident's face and another operating the Dechoker. A third called 999. The first attempt did not clear the obstruction. The staff made a second attempt with the Dechoker which resulted in a grape being removed from the airway.

Both staff members who used the Dechoker felt confident in its use and found the Dechoker easy to use.

After clearing the obstruction, the resident began to cough and again appeared alert. Despite being shaken appeared to have made a full recovery. She spoke to staff, saying "I thought I was going to die".

As paramedics had already been called they attended (1 hour later) and decided to take her to hospital to be checked over as a precaution. After just 4 hours in Accident and Emergency the lady was discharged.

Update 09-2018: Resident's mobility remains unchanged, normal diet and fluids, appetite remains good.

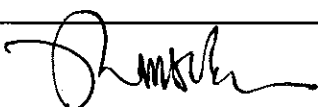
Any problems after the use of Dechoker device? No Yes, describe below. Unknown

Any Dechoker device usage feedback? No Yes, describe below.

Both staff members who used the Dechoker felt confident in its use and found the Dechoker easy to use.

Principal Investigator's Signature Statement:

I have reviewed this CRF and confirm that, to the best of my knowledge, it accurately reflects the study information obtained for this participant per protocol requirements.

Principal Investigator Name	Signature	Data Signed (DD/MON/YYYY)
Dr. Randall Snook		07/01/2019



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Protocol #: DC-01 (Retrospective)


Site Number

Subject Number

DECHOKER USE REPORT

1. Date of Incident (DD-MMM-YYYY)	23-Sep-2018														
2. Patient's Demography	Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male														
	Age (years): 90 <input type="checkbox"/> Unknown														
	Place of Event: Dudbrook Hall Essex, UK														
3. Primary Diagnosis	Unknown														
4. Choking Cause	Food (mashed potato)														
5. Anti-choking Treatments Prior/After Use of Dechoker Device	<table border="0"> <tr> <td>Before (check all that apply):</td> <td>After (check all that apply):</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input checked="" type="checkbox"/> Back Blows</td> <td><input type="checkbox"/> Forceps</td> </tr> <tr> <td><input type="checkbox"/> Abdominal Thrusts</td> <td><input type="checkbox"/> Back Blows</td> </tr> <tr> <td><input type="checkbox"/> Chest Compression</td> <td><input type="checkbox"/> Abdominal Thrusts</td> </tr> <tr> <td><input type="checkbox"/> Other: <u>Specify Other</u></td> <td><input type="checkbox"/> Chest Compression</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other: <u>Specify Other</u></td> </tr> </table>	Before (check all that apply):	After (check all that apply):	<input type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Back Blows	<input type="checkbox"/> Forceps	<input type="checkbox"/> Abdominal Thrusts	<input type="checkbox"/> Back Blows	<input type="checkbox"/> Chest Compression	<input type="checkbox"/> Abdominal Thrusts	<input type="checkbox"/> Other: <u>Specify Other</u>	<input type="checkbox"/> Chest Compression		<input type="checkbox"/> Other: <u>Specify Other</u>
Before (check all that apply):	After (check all that apply):														
<input type="checkbox"/> None	<input checked="" type="checkbox"/> None														
<input checked="" type="checkbox"/> Back Blows	<input type="checkbox"/> Forceps														
<input type="checkbox"/> Abdominal Thrusts	<input type="checkbox"/> Back Blows														
<input type="checkbox"/> Chest Compression	<input type="checkbox"/> Abdominal Thrusts														
<input type="checkbox"/> Other: <u>Specify Other</u>	<input type="checkbox"/> Chest Compression														
	<input type="checkbox"/> Other: <u>Specify Other</u>														
6. Anti-choking Treatment with Dechoker Device	Patient Position: <input checked="" type="checkbox"/> Sitting <input type="checkbox"/> Lying down <input type="checkbox"/> Standing <input type="checkbox"/> Unknown														
	Patient Status: <input type="checkbox"/> Conscious <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Unknown														
	# of Attempts: 1_Cycles 2 Pulls. <input type="checkbox"/> Unknown														
	Administered By: <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Not Patient, Data Unavailable for number of administrators														
7. Anti-choking Treatment Outcome:	<input checked="" type="checkbox"/> Dechoker device removed FBAO ¹ without a problem after use <input type="checkbox"/> Dechoker device removed FBAO ¹ but with problems after use <input type="checkbox"/> Dechoker device did not remove FBAO ¹ and no problems after use <input type="checkbox"/> Dechoker device did not remove FBAO ¹ but with problems after use														

1. Foreign Body Airway Obstruction (FBAO)

	0	1	0	1	-	0	3
	Protocol #: DC-01 (Retrospective)		Site Number		Subject Number		

DECHOKER USE REPORT

8. Choking Event Details:

During lunchtime a resident was eating in the dining room when care staff became aware that resident was choking.

The resident uses and was sat in a wheelchair and staff quickly moved her to a safer place. Care staff leant the resident forward in her chair and began to deliver back blows. As these were being delivered the resident was turning blue and then became unresponsive.

At this point care staff used the Dechoker whilst the resident remained in her chair. On the 2nd pull of the 1st cycle the obstruction was removed. The resident regained consciousness once the airway was clear.

After inspecting the Dechoker it was mashed potato that was blocking the airway.

As a precaution care staff summoned an out of hours general practitioner who attended the care home and checked over the resident. He reported no concerns and suggested that the care staff monitor her.


Any problems after the use of Dechoker device? No Yes, describe below. Unknown

Any Dechoker device usage feedback? No Yes, describe below.

Describe the feedback here

Principal Investigator's Signature Statement:

I have reviewed this CRF and confirm that, to the best of my knowledge, it accurately reflects the study information obtained for this participant per protocol requirements.

Principal Investigator Name	Signature	Data Signed (DD/MON/YYYY)
Dr. Randall Snook		07/01/2019



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Protocol #: DC-01 (Retrospective)


Site Number

Study Number

DECHOKER USE REPORT

1. Date of Incident (DD-MMM-YYYY)	10-Aug-2018	
2. Patient's Demography	Sex:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
	Age (years): 97	<input type="checkbox"/> Unknown
	Place of Event:	Cedarwood House Care Home East Sussex, UK
3. Primary Diagnosis	Data Unavailable	
4. Choking Cause	Data Unavailable	
5. Anti-choking Treatments Prior/After Use of Dechoker Device	Before (check all that apply): <input type="checkbox"/> None <input checked="" type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u>	After (check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Forceps <input type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u>
6. Anti-choking Treatment with Dechoker Device	Patient Position:	<input checked="" type="checkbox"/> Sitting <input type="checkbox"/> Lying down <input type="checkbox"/> Standing <input type="checkbox"/> Unknown
	Patient Status:	<input type="checkbox"/> Conscious <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Unknown
	# of Attempts:	2_Cycles 2 Pulls. <input type="checkbox"/> Unknown
	Administered By:	<input type="checkbox"/> Patient <input checked="" type="checkbox"/> Not Patient, 2 administrators
7. Anti-choking Treatment Outcome:	<input checked="" type="checkbox"/> Dechoker device removed FBAO ¹ without a problem after use <input type="checkbox"/> Dechoker device removed FBAO ¹ but with problems after use <input type="checkbox"/> Dechoker device did not remove FBAO ¹ and no problems after use <input type="checkbox"/> Dechoker device did not remove FBAO ¹ but with problems after use	

1. Foreign Body Airway Obstruction (FBAO)

	0	1	0	1	-	0	4
	Protocol #: DC-01 (Retrospective)		Site Number		Subject Number		

DECHOKER USE REPORT

8. Choking Event Details:

At lunchtime one of the care staff observed the resident leaving the dining room with her hand on her throat, she also appeared to be passing urine as she walked. The member of staff went to the assistance of the resident and realized that her face was purple.

The member of staff helped the resident into a dining room chair and could feel that she was becoming unsteady and floppy as she did so.

Once in the chair, the member of staff leant the resident forwards and began to deliver back blows to try and remove the obstruction. After several blows the obstruction remained in the airway and the member of staff felt that resident go completely floppy.

The member of staff called for the Dechoker to be passed over and leant the resident back in the chair. The Dechoker was placed over the resident's mouth whilst another member of staff held their head.

The member of staff used the Dechoker for 2 cycles with the obstruction being pulled into the airway tube on the 2nd pull of the 2nd cycle. Within a few moments the resident regained consciousness and attempted to stand up and wander off. She was also speaking to care staff.

The resident suffered no injury during the incident and did not require further medical treatment.


Any problems after the use of Dechoker device? No Yes, describe below. Unknown


Any Dechoker device usage feedback? No Yes, describe below.

Describe the feedback here

Principal Investigator's Signature Statement:

I have reviewed this CRF and confirm that, to the best of my knowledge, it accurately reflects the study information obtained for this participant per protocol requirements.


Principal Investigator Name	Signature	Date Signed (DD/MON/YYYY)
Dr. Randall Snook		07/01/2019

	0	1	0	1	-	0	2
	Protocol #: DC-01 (Retrospective)		Site Number		Subject Number		

DECHOKER USE REPORT

1. Date of Incident (DD-MMM-YYYY)	09-Aug-2018		
2. Patient's Demography	Sex: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		
	Age (years): <input checked="" type="checkbox"/> Data Unavailable		
	Place of Event: David Lewis Trust Cheshire, UK		
3. Primary Diagnosis	Data Unavailable		
4. Choking Cause	Food		
5. Anti-choking Treatments Prior/After Use of Dechoker Device	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Before</u> (check all that apply): <input type="checkbox"/> None <input checked="" type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u> </td> <td style="width: 50%; vertical-align: top;"> <u>After</u> (check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Forceps <input type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u> </td> </tr> </table>	<u>Before</u> (check all that apply): <input type="checkbox"/> None <input checked="" type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u>	<u>After</u> (check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Forceps <input type="checkbox"/> Back Blows <input type="checkbox"/> Abdominal Thrusts <input type="checkbox"/> Chest Compression <input type="checkbox"/> Other: <u>Specify Other</u>
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6. Anti-choking Treatment with Dechoker Device	Patient Position: <input type="checkbox"/> Sitting <input type="checkbox"/> Lying down <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Data Unavailable		
	Patient Status: <input checked="" type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Unknown		
	# of Attempts: 1_Cycles 1 Pulls. <input type="checkbox"/> Unknown		
	Administered By: <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Not Patient, 1 administrator		
7. Anti-choking Treatment Outcome:	<input checked="" type="checkbox"/> Dechoker device removed FBAO ¹ without a problem after use <input type="checkbox"/> Dechoker device removed FBAO ¹ but with problems after use <input type="checkbox"/> Dechoker device did not remove FBAO ¹ and no problems after use <input type="checkbox"/> Dechoker device did not remove FBAO ¹ but with problems after use		

1. Foreign Body Airway Obstruction (FBAO)

 DeCHOKER Because every <u>second</u> counts.	0	1	0	1	-	0	2
	Protocol #: DC-01 (Retrospective)		Site Number		Subject Number		

DECHOKER USE REPORT

8. Choking Event Details:

This incident relates to a resident who has a history of choking problems. In previous choking incidents care staff have used the backslap technique which worked successfully.

On this occasion the resident was struggling to swallow and immediately started to gasp. The food seemed to squelch in his throat.

A member of the care staff immediately began Choking Basic Life Support by delivering repeated back blows. These proved ineffective in removing the obstruction. The resident appeared to be really struggling to breathe, worse than on previous choking incidents.

Two members of the care staff decided they would use the Dechoker at this point as they agreed in this situation it would cause less discomfort.

A member of the care staff placed the Dechoker on the resident's face and pulled the handle which removed the obstruction on the 1st pull of the 1st cycle. The resident appeared shaken but relieved that the obstruction was removed.

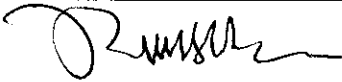
Any problems after the use of Dechoker device? No Yes, describe below. Unknown

Any Dechoker device usage feedback? No Yes, describe below.

Describe the feedback here

Principal Investigator's Signature Statement:

I have reviewed this CRF and confirm that, to the best of my knowledge, it accurately reflects the study information obtained for this participant per protocol requirements.

Principal Investigator Name	Signature	Data Signed (DD/MON/YYYY)
Dr. Randall Snook		07/01/2019



0	1
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0	1	-	0	1
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Protocol #: DC-01 (Retrospective)	Site Number	Study Number
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DECHOKER USE REPORT

1. Date of Incident (DD-MMM-YYYY)	07-Jun-2018														
2. Patient's Demography	Sex: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male														
	Age (years): 85 <input type="checkbox"/> Unknown														
	Place of Event: Timken Grange Northamptonshire UK														
3. Primary Diagnosis	Data Unavailable														
4. Choking Cause	Food														
5. Anti-choking Treatments Prior/After Use of Dechoker Device	<table border="0"> <tr> <td>Before (check all that apply):</td> <td>After (check all that apply):</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input checked="" type="checkbox"/> Back Blows</td> <td><input type="checkbox"/> Forceps</td> </tr> <tr> <td><input type="checkbox"/> Abdominal Thrusts</td> <td><input type="checkbox"/> Back Blows</td> </tr> <tr> <td><input type="checkbox"/> Chest Compression</td> <td><input type="checkbox"/> Abdominal Thrusts</td> </tr> <tr> <td><input type="checkbox"/> Other: <u>Specify Other</u></td> <td><input type="checkbox"/> Chest Compression</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other: <u>Specify Other</u></td> </tr> </table>	Before (check all that apply):	After (check all that apply):	<input type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Back Blows	<input type="checkbox"/> Forceps	<input type="checkbox"/> Abdominal Thrusts	<input type="checkbox"/> Back Blows	<input type="checkbox"/> Chest Compression	<input type="checkbox"/> Abdominal Thrusts	<input type="checkbox"/> Other: <u>Specify Other</u>	<input type="checkbox"/> Chest Compression		<input type="checkbox"/> Other: <u>Specify Other</u>
Before (check all that apply):	After (check all that apply):														
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<input checked="" type="checkbox"/> Back Blows	<input type="checkbox"/> Forceps														
<input type="checkbox"/> Abdominal Thrusts	<input type="checkbox"/> Back Blows														
<input type="checkbox"/> Chest Compression	<input type="checkbox"/> Abdominal Thrusts														
<input type="checkbox"/> Other: <u>Specify Other</u>	<input type="checkbox"/> Chest Compression														
	<input type="checkbox"/> Other: <u>Specify Other</u>														
6. Anti-choking Treatment with Dechoker Device	Patient Position: <input checked="" type="checkbox"/> Sitting <input type="checkbox"/> Lying down <input type="checkbox"/> Standing <input type="checkbox"/> Unknown														
	Patient Status: <input checked="" type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Unknown														
	# of Attempts: 1_Cycles 2 Pulls. <input type="checkbox"/> Unknown														
	Administered By: <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Not Patient, 1 administrator														
7. Anti-choking Treatment Outcome:	<input checked="" type="checkbox"/> Dechoker device removed FBAO ¹ without a problem after use <input type="checkbox"/> Dechoker device removed FBAO ¹ but with problems after use <input type="checkbox"/> Dechoker device did not remove FBAO ¹ and no problems after use <input type="checkbox"/> Dechoker device did not remove FBAO ¹ but with problems after use														

1. Foreign Body Airway Obstruction (FBAO)



0	1
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0	1	-	0	1
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Protocol #: DC-01 (Retrospective)

Site Number

Subject Number

DECHOKER USE REPORT

8. Choking Event Details:

At lunchtime a resident was sitting in the dining area eating lunch. Staff noticed that the resident was struggling to breathe, and quickly identified that he was choking.

A member of staff leaned the resident forward in his chair and delivered back blows to try and remove the obstruction. This did not clear the obstruction despite repeated attempts.

Whilst the resident remained seated, the staff member placed the Dechoker over the resident's face and delivered 1 cycle. On the 2nd pull of the 1st cycle the obstruction was removed, and the resident was able to breathe again.

The resident appeared fine after the incident, repeatedly assured staff that he had no concerns over his health and continued as normal. He was asked on several occasions how he felt and resisted an attempts to request medical attention.

The staff related that it was not possible to deliver abdominal thrusts. In the circumstance, faced with a resident who was choking and unable to breathe, having already delivered repeated back blows and unable to deliver abdominal thrusts the most prudent course of action was to use the Dechoker.

Any problems after the use of Dechoker device? No Yes, describe below. Unknown

Describe the problem, start date, end date, and problem status (resolved/unresolved) here

Any Dechoker device usage feedback? No Yes, describe below.

Describe the feedback here

Principal Investigator's Signature Statement:

I have reviewed this CRF and confirm that, to the best of my knowledge, it accurately reflects the study information obtained for this participant per protocol requirements.

Principal Investigator Name	Signature	Data Signed (DD/MON/YYYY)
Dr. Randall Snook		07/01/2019