PROCEDURE

Heimlich maneuver on self

The Heimlich maneuver on yourself uses abdominal thrusts to clear severe choking when no one can immediately help.

PURPOSE
Clear a severe foreign-body airway blockage

PROCEDURE TYPE
Therapeutic; self-administered first aid using abdominal thrusts

WHERE IT IS DONE
Wherever severe choking occurs

ANAESTHESIA
None

HOW LONG IT TAKES
Usually seconds to several minutes

PREPARATION
None; call emergency services first, if possible

RECOVERY
Same day; avoid driving if symptoms continue

MAIN RISKS
Abdominal injury, rib injury, vomiting, incomplete airway clearance

RESULTS
Immediate if normal breathing and speech return

Overview

The Heimlich maneuver on yourself is an emergency first-aid procedure for severe choking when no one is available to help. It is also called self-administered abdominal thrusts.

Choking occurs when food or another object blocks the airway. Abdominal thrusts create pressure inside the chest, which may force the object out.

Use this procedure only for severe choking. Signs include being unable to speak, breathe, or cough effectively. A cough may be weak or silent. If you can cough forcefully, speak, or breathe, keep coughing instead. Abdominal thrusts could make a partial blockage worse.

Severe choking is an emergency. Call your local emergency number before starting if you can. Use your phone's speaker so the dispatcher can guide you while help is coming.

Why the procedure is performed

The purpose is to restore airflow when an object is completely or almost completely blocking your airway.

Without airflow, you may quickly become unable to help yourself. Self-administered abdominal thrusts are intended to provide an immediate response while emergency help is on the way.

They do not treat breathing difficulty caused by asthma, a severe allergic reaction, infection, heart problems, or other medical conditions. They are specifically for choking on a solid object.

Who should and should not have it

This procedure may be appropriate if you are conscious, appear to be choking on food or another object, and cannot speak, breathe, or cough forcefully. You must also be physically able to perform the thrusts or press your upper abdomen against a firm object.

Do not use abdominal thrusts if you can still cough strongly, speak, or breathe. Continue coughing and seek help if the object does not clear.

Standard abdominal thrusts may not be appropriate if:

Chest thrusts are generally used instead of abdominal thrusts for a pregnant person or someone whose abdomen cannot be encircled. Performing these on yourself may be difficult. Call emergency services and follow the dispatcher's instructions.

If you become unresponsive, you can no longer perform this procedure. Anyone nearby should call emergency services, begin cardiopulmonary resuscitation, or CPR, and use an automated external defibrillator if one is available.

- You are pregnant
- You cannot reach around your abdomen
- An injury, recent operation, or physical limitation prevents safe positioning
- The person choking is an infant younger than 1 year
- You have become unresponsive

How to prepare

This is an emergency procedure, so there is no fasting, medication change, or planned preparation.

Call your local emergency number immediately if possible. Put the phone on speaker, state that you are choking, and give your location. Unlocking the door may help emergency responders reach you.

If you are learning this procedure during first-aid training or receiving care in a healthcare setting, the treating facility's own instructions take priority.

What happens during the procedure

You can perform abdominal thrusts with your hands:

If hand thrusts are not effective, you can use a firm object:

Avoid sharp or unstable objects. Do not press directly against the ribs or the pointed lower end of the breastbone.

Do not place your fingers blindly into your mouth. This can push the object farther into the airway. Remove it only if you can clearly see it and can easily reach it.

Keep trying while you remain conscious and severely unable to breathe. Even if the object comes out, emergency responders may still need to assess you.

- Make a fist with one hand.
- Place the thumb side of the fist against the middle of your abdomen, slightly above your belly button and below the lower end of your breastbone.
- Grasp the fist with your other hand.
- Press sharply inward and upward.
- Repeat quick thrusts until the object comes out or you can breathe and speak.
- Position your upper abdomen against the back of a sturdy chair, countertop edge, or railing.
- Make sure the edge is above your belly button and below your breastbone.
- Bend over the edge and press your abdomen firmly inward and upward.
- Repeat until the object clears.

Recovery and what to expect afterward

Your abdomen, chest, or ribs may feel sore after forceful thrusts. Severe, worsening, or persistent pain needs medical assessment because abdominal thrusts can injure internal

organs or ribs.

Do not eat or drink immediately if swallowing remains painful, you keep coughing, or it still feels as though something is stuck. These symptoms may mean part of the object remains or the throat was injured.

If you feel fully recovered, gentle activity is usually reasonable. Avoid strenuous activity if your abdomen or chest hurts until you have been assessed.

The maneuver itself does not create a standard driving restriction. However, do not drive yourself if you remain short of breath, faint, confused, in significant pain, or need emergency care.

You may be able to return to work the same day if you have been assessed and have no continuing symptoms. Pain, swallowing problems, breathing symptoms, or treatment for an injury may require more time away.

Risks and possible complications

Abdominal thrusts can be lifesaving, but they apply substantial force to the body. Possible complications include:

The risk of injury does not outweigh the need to act during severe choking. Abdominal thrusts should not, however, be used when someone is still coughing forcefully or breathing adequately.

- Bruising or injury to the abdominal wall
- Rib or breastbone injury
- Injury to an internal organ
- Vomiting and breathing vomit into the lungs
- Failure to remove the object
- A remaining object or throat swelling that later affects breathing

Results and follow up

A successful result is usually clear immediately. The object comes out, airflow returns, and you can breathe, cough, or speak again.

After successful abdominal thrusts, seek prompt medical assessment even if you feel better. A clinician may check for injury and make sure no piece of food or other material remains in the

airway. This is follow-up care rather than a reason to delay emergency treatment during choking.

You may need further testing if coughing, wheezing, pain, difficulty swallowing, or the feeling of a retained object continues. In some cases, bronchoscopy may be needed. This procedure uses a thin viewing instrument to examine the airway and remove remaining material.

Alternatives

If you can cough forcefully, coughing is the preferred first response. It uses your body's natural airway-clearing mechanism and carries less risk of injury. The tradeoff is that coughing may not work once the airway is severely blocked.

Pressing your upper abdomen over a sturdy chair or counter is an alternative way to create abdominal thrusts. It may produce greater force than using your hands, but a sharp, unstable, or poorly positioned edge can cause injury.

Chest thrusts may be used when abdominal thrusts are not suitable, including during pregnancy or when the abdomen cannot be reached. They avoid pressure on the abdomen, but they can be difficult to perform effectively on yourself. Follow emergency-dispatch instructions if possible.

Back blows are commonly given by another rescuer, but they are difficult to deliver effectively to yourself. Drinks, medication, and attempts to swallow more food will not clear a severely blocked airway and may delay effective first aid.

If an object remains after breathing returns, healthcare professionals may remove it using bronchoscopy. This requires medical equipment and cannot replace immediate first aid during complete airway blockage.

When to call your healthcare team

Call emergency services immediately if you:

Seek prompt medical assessment after abdominal thrusts, even if breathing has returned. Contact your healthcare team if you later develop persistent coughing, wheezing, fever, painful swallowing, vomiting, abdominal swelling, or increasing soreness.

Mild tenderness that steadily improves can usually be discussed during routine follow-up. New breathing trouble, severe pain, fainting, or vomiting blood requires urgent or emergency care.

- Cannot speak, breathe, or cough forcefully

- Feel faint, confused, or close to losing consciousness
- Still have breathing difficulty after the object comes out
- Develop blue, grey, or unusually pale lips or skin
- Cough up blood or have severe chest or abdominal pain

Common questions

Will I be asleep?

No. This is an emergency first-aid procedure performed while you are awake and conscious. No anaesthetic or sedation is used.

Can I drive home afterward?

There is no automatic driving restriction, but do not drive if you are short of breath, faint, confused, in significant pain, or waiting for emergency care. Ask someone else to drive you for medical assessment when possible.

How painful is it?

The thrusts are forceful and may hurt. Soreness or bruising can follow. Severe or worsening chest or abdominal pain is not routine and needs urgent assessment.

When will I know whether it worked?

You should know immediately. Air should move again, and you should be able to breathe, speak, or cough more effectively. Continued breathing difficulty means the airway may still be blocked.

What if I can still cough?

Keep coughing if the cough is strong and air is moving. Do not use abdominal thrusts unless you become unable to cough effectively, speak, or breathe.

Should I still be checked after the object comes out?

Yes. Prompt medical assessment can identify injuries or material that remains in the airway, even when you initially feel better.

Sources

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