SYMPTOM

Choking

Choking is difficulty breathing when food or another object blocks the airway.

WHAT IT FEELS LIKE
I cannot cough, speak, or breathe normally

WHERE IT IS FELT
Throat and chest

MOST COMMON CAUSES
Poorly chewed food, eating quickly, swallowing problems

WHEN IT IS URGENT
New repeated choking during meals despite normal breathing

USUALLY LASTS
Minutes if acute; longer when swallowing problems persist

SEE A DOCTOR IF
Episodes recur or swallowing feels difficult

Overview

Choking happens when food, liquid, or another object partly or completely blocks the airway-the passage carrying air through the throat to the lungs.

A partial blockage may cause forceful coughing. A complete blockage can stop someone from speaking, coughing, or breathing and is an emergency.

"Choking" may also describe coughing during meals, food sticking in the throat, or throat tightness. These symptoms do not always mean the airway is blocked, but repeated episodes may indicate a swallowing problem.

Choking differs from aspiration, in which food, drink, saliva, or vomit enters the airway. Aspiration may cause coughing or choking but can sometimes happen without obvious symptoms.

What it may feel or look like

With a partial blockage, you may still breathe, speak, or cough, although breathing may be noisy and something may feel stuck.

Signs of severe or complete blockage include:

A swallowing problem may cause coughing, throat-clearing, a wet or gurgly voice, slow eating, or food returning through the mouth or nose.

A lump or tight feeling while breathing and swallowing normally is less likely to be an airway blockage. Reflux, irritation, muscle tension, or anxiety may contribute, but new or persistent symptoms need medical advice.

- Being unable to speak, cough forcefully, or breathe
- Making little or no sound when trying to cough
- Clutching the throat
- Becoming confused, weak, or unresponsive
- Lips or skin turning blue, grey, or unusually pale

Common causes

Common causes

Acute choking often occurs when food is eaten quickly or not chewed enough. Talking, laughing, walking, or lying down while chewing increases the risk.

Large, tough, round, or sticky foods can be difficult to control. Dental problems or poorly fitting dentures may make chewing less effective. Young children are vulnerable because their airways are narrow and they may put food or small objects in their mouths.

Less common causes

Repeated choking may result from dysphagia, the medical term for difficulty swallowing. Causes include muscle or nerve problems, narrowing or inflammation of the food pipe, reflux, and conditions affecting the brain or nervous system.

Medicines that cause drowsiness or dry mouth may interfere with swallowing. Alcohol and sedating substances can reduce alertness during meals.

Causes needing prompt assessment

A new swallowing problem can occasionally be linked to a stroke, severe allergic reaction, throat swelling, or an object lodged in the airway or food pipe.

When to seek medical care

Call emergency services now if someone cannot speak, cough forcefully, or breathe. Also call if they become unresponsive, develop blue or grey lips, or have rapidly worsening throat or tongue swelling.

If the person can cough strongly and breathe, encourage coughing and watch closely. Do not give food or drink. Do not put your fingers in their mouth unless you can clearly see and safely remove the object.

For severe choking in a conscious adult or child over 1 year, use back blows and abdominal thrusts according to recognised first-aid guidance. Use chest thrusts instead of abdominal thrusts during pregnancy or if you cannot reach around the abdomen. For an infant, use back blows and chest thrusts-not abdominal thrusts.

If the person becomes unresponsive, place them on a firm surface and begin cardiopulmonary resuscitation, or CPR, following the emergency call handler's instructions. Do not perform a blind finger sweep.

Arrange same-day medical advice if choking during meals is new or recurring, even if breathing returns to normal. Seek prompt assessment after abdominal or chest thrusts because they can cause internal injury.

Book a routine appointment if swallowing regularly feels difficult, food sticks, meals take much longer, or coughing or a wet voice continues after eating. Unplanned weight loss, repeated chest infections, or avoiding food because of choking concerns also need assessment.

How the cause is found

A healthcare professional will ask what happened, whether food felt stuck, whether you could breathe or speak, and whether episodes have happened before. They may ask about reflux, dental problems, medicines, and conditions affecting muscles or nerves.

They may examine your mouth and throat and assess your voice, breathing, movement, and swallowing. Tests can include a moving X-ray while swallowing, a small camera passed through the nose, or an endoscopy of the food pipe and stomach. A speech and language therapist may assess swallowing.

Treatment and self-care

Emergency treatment clears the airway and restores breathing. An object may need hospital removal using a viewing tube and specialised instruments.

Treatment for repeated choking depends on the cause and may include swallowing therapy, dental care, reflux treatment, or care for an underlying nerve, muscle, or structural condition.

While awaiting assessment:

Do not start thickened drinks or severely restrict food textures without professional advice. These changes can affect hydration, nutrition, and quality of life.

- Sit upright and stay alert while eating
- Take small bites and chew fully
- Avoid talking or laughing with food in your mouth
- Allow enough time for meals
- Follow any personalised swallowing plan

What to expect

A brief episode may settle once coughing or first aid removes the blockage. The throat may remain sore temporarily.

Repeated choking may continue until its cause is treated, although practical changes and swallowing therapy often help.

Afterward, watch for persistent cough, wheezing, shortness of breath, fever, chest discomfort, or unusual tiredness. These may mean material entered the lungs or part of the object remains and require medical assessment.

Common questions

Is gagging the same as choking?

No. Gagging is a noisy protective reflex, and air usually continues to move. Severe choking may be quiet because little or no air can pass.

Should I give water to help food go down?

Not during active choking, because water may enter the airway. If food still feels stuck after breathing returns, seek medical advice rather than forcing down food or drink.

Should I slap someone on the back if they are coughing?

If they are coughing strongly and breathing, encourage coughing. Use back blows when the cough becomes ineffective or they cannot breathe or speak normally.

Can someone choke without coughing?

Yes. A complete blockage may prevent coughing. Aspiration can also happen silently, particularly when swallowing sensation or muscle control is reduced.

Can choking happen again?

Yes. A single episode may be accidental, but repeated episodes suggest that chewing or swallowing needs assessment.

Sources

- American Red Cross: Choking first aid
- Resuscitation Council UK: First aid guidelines
- NHS: Dysphagia-swallowing problems
- National Institute on Deafness and Other Communication Disorders: Dysphagia
- American Speech-Language-Hearing Association: Swallowing disorders in adults