

Airway Obstruction (101)

| Adults | Pediatrics (13 years and under) |
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| Public Safety First Aid Procedures: Only | Public Safety First Aid Procedures: Only |
| <ul style="list-style-type: none"> Support ABC'S and clear airway as appropriate. Provide O2 to support respiration. Request EMS. | <ul style="list-style-type: none"> Support ABC'S and clear airway as appropriate. Provide O2 to support respiration. Request EMS. |
| BLS Procedures: EMT's and Paramedics start here | BLS Procedures: EMT's and Paramedics start here |
| <ul style="list-style-type: none"> Primary survey and ABC's, Pulse oximetry, and give Oxygen only if SpO2 <94% or respiratory distress. If patient is able to talk, calm patient, do not attempt to examine throat or dislodge potential obstruction. Suction secretions as needed. If patient is unable to talk but is conscious, ask patient to cough. If unable, perform Heimlich maneuver appropriate for patient age/size (per AHA guidelines) reassess airway, ask patient to speak or cough re-enter as needed. If patient is unconscious, open airway, position head and attempt to ventilate. Remove obstruction with finger sweep ONLY IF VISIBLE. Reassess and attempt to ventilate. If unable to ventilate begin CPR and refer to Pulseless Arrest Entry Algorithm protocol (119). | <ul style="list-style-type: none"> Primary survey and ABC's, Pulse oximetry, and give Oxygen only if SpO2<94% or respiratory distress. If patient is able to talk, calm patient, do not attempt to examine throat or dislodge potential obstruction. Suction secretions as needed. If patient is unable to talk but is conscious, ask patient to cough. If unable, perform Heimlich maneuver appropriate for patient age/size (per AHA guidelines) reassess airway, ask patient to speak or cough re-enter as needed. If patient is < 1-year alternate between 5 back blows and 5 chest thrust. If patient is unconscious, open airway, position head and attempt to ventilate. Remove obstruction with finger sweep ONLY IF VISIBLE. Reassess and attempt to ventilate. If unable to ventilate begin CPR and refer to Pulseless Arrest Entry Algorithm protocol (119). |
| ALS Prior to Base Hospital Contact: Paramedic only | ALS Prior to Base Hospital Contact: Paramedic only |
| <ul style="list-style-type: none"> Attempt to clear using direct laryngoscopy and forceps. If no success, attempt to intubate using small adult ET tube. If complete airway obstruction or occlusion with inability to ventilate NOT due to foreign object, attempt ET Intubation with small adult ET tube. | <ul style="list-style-type: none"> Attempt to clear using direct laryngoscopy and forceps. If no success rapid transport to closest most appropriate facility. Advanced Pediatric Receiving Center preferred. If complete airway obstruction or occlusion with inability to ventilate NOT due to foreign object attempt to utilize smaller supraglottic airway. |
| Base Hospital Contact Required | Base Hospital Contact Required |
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101 AIRWAY OBSTRUCTION



Emergency Medical Services Program Policies – Procedures – Protocols

Airway Obstruction (101)

Special Considerations

1. Airway obstruction is characterized by the inability to speak, no respiratory tidal volume and decline of condition. Treatment of complete airway obstruction using this protocol takes precedence over all other protocols.
2. Laryngoscopy and assessment of factors leading to the event may be required to adequately assess the cause of airway obstruction, which may be from a foreign object or laryngeal swelling and spasm caused by burns, anaphylaxis, or epiglottitis. If epiglottitis is suspected, do not attempt to visualize airway until prepared to intubate.
3. Heimlich maneuver is the current accepted practice for airway obstruction due to foreign object. Refer to AHA guidelines for appropriate age/size procedure.
4. When the airway is successfully cleared, ventilate, and refer to the appropriate protocol for further treatment.