

delivered between the infant's shoulder blades with the heel of the rescuer's hand. Less force is required than would be applied to an adult. After delivery of the back blows, the rescuer's free hand is placed flat on the infant's back so that the infant is "sandwiched" between the two hands, making certain the neck and chin are well supported. While the rescuer maintains support with the infant's head lower than the trunk, the infant is turned and placed supine on the rescuer's thigh, where up to five quick downward chest thrusts are applied in rapid succession in the same location as external chest compressions described for CPR. Back blows and chest thrusts are continued until the object is removed or the infant becomes unconscious. If the infant does lose consciousness, CPR should be initiated.

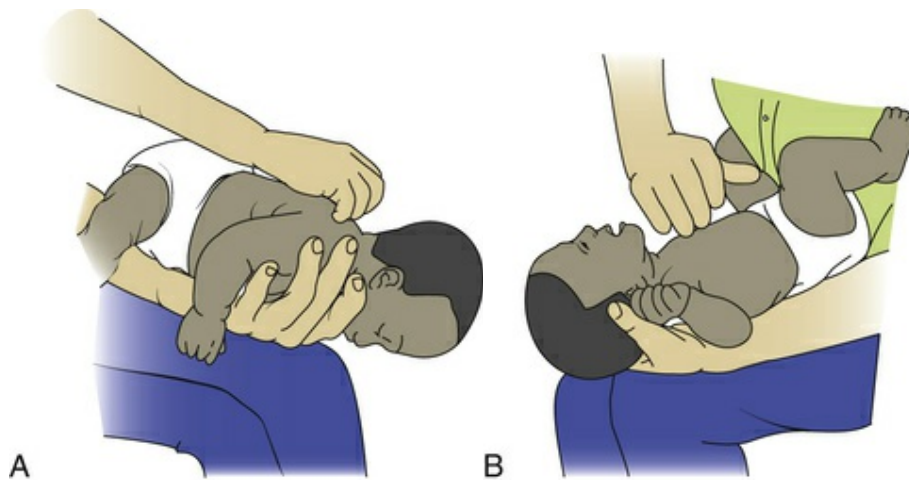


FIG 21-18 Relief of foreign body (FB) obstruction in infant. **A**, Back blows. **B**, Chest thrusts.

Children

A series of **subdiaphragmatic abdominal thrusts (Heimlich maneuver)** is recommended for children older than 1 year of age. The maneuver creates an artificial cough that forces air—and with it, the FB—out of the airway. The procedure is carried out with the child in a standing, sitting, or lying position ([Fig. 21-19](#)). In a conscious choking child, upward thrusts are delivered to the upper abdomen with the fisted hand at a point just below the rib cage. To prevent damage to the internal organs, the rescuer's hands should