naloxone for suspected life-threatening opioid associated emergencies.

Appropriate fluid therapy is initiated immediately in the hospital or by EMS personnel during transport (see Parenteral Fluid Therapy, Chapter 20, and Shock, Chapter 23). A complete supply of emergency medications is kept and maintained in all EMS vehicles and on all hospital units. The supply is checked on a regular basis (usually once a day at minimum). When administering drugs during CPR (or a "code"), use a saline flush or other compatible flush solution between medications to prevent drug interactions. Document all drugs, dosages, and the time and route of administration.

Airway Obstruction

Attempts at clearing the airway should be considered for (1) children in whom aspiration of an FB is witnessed or strongly suspected and (2) unconscious, nonbreathing children whose airways remain obstructed despite the usual maneuvers to open them. When aspiration is strongly suspected, the child is encouraged to continue coughing as long as the cough remains forceful. In a conscious choking child, attempt to relieve the obstruction only if:

- The child is unable to make any sounds.
- The cough becomes ineffective.
- There is increasing respiratory difficulty with stridor.

Nursing Alert

Blind finger sweeps are avoided in all infants and children.

Infants

A combination of back blows (over the spine between the shoulder blades) and chest thrusts (on the sternum, the same location as for chest compressions) is recommended to relieve the FB obstruction in infants (Fig. 21-18). A choking infant is placed face down over the rescuer's arm with the head lower than the trunk and the head supported. For additional support, the rescuer should support the arm firmly against the thigh. Up to five quick, sharp back blows are