

AIRWAY OBSTRUCTION - STRIDOR

Stable Patient

OXYGEN: High Flow, as tolerated

POC & VITALS: Keep patient in position of comfort, assess vitals

MONITOR: Treat Rhythm as appropriate

Considerations:

IV/IO ACCESS: Rate as indicated

Unstable Patient - Unable to Cough or Speak

CONSIDER CAUSE: Foreign Body: Abdominal thrusts, finger sweeps, laryngoscopy and manual removal with McGill Forceps

Trauma: Good Airway Management. ALS Airway PRN

Anaphylaxis: Refer to Allergic Reaction Protocol, page 15

Croup/Epiglottitis: AVOID VISUALIZATION OF THROAT UNLESS INTUBATING. Refer to Respiratory Distress Protocol of Pediatric Protocols

IF UNABLE TO ESTABLISH PATENT AIRWAY VIA OTHER MEANS

Transtracheal Jet Insufflation: followed by 50 psi transtracheal oxygen ventilation and rapid transport (unless air ambulance summoned and ETA less than ground ETA to nearest receiving facility)