Establishing and Maintaining an Airway:

1. Open patient's airway using the appropriate technique for the patient's condition.
   - Medical patient: Head tilt/Chin lift or Head tilt/Jaw thrust
   - Trauma patient: Modified Jaw thrust (jaw thrust with neutral neck alignment)
2. The patient's airway should be maintained and secured using the appropriate airway device
   - Oropharyngeal Airways should be used in unconscious patients or patients without a gag reflex.
   - Nasopharyngeal Airways are better tolerated in conscious patients or in the presence of gag reflex.

Suctioning the Airway:

1. Turn patient to side if possible, maintaining spinal immobilization if indicated.
2. Suction the oropharynx with a large bore rigid or flexible catheter.
3. Suction the lower airway with a flexible catheter down the ET tube and utilize a sterile technique.
4. Limit to 10 – 15 sec. at a time. Suctioning may cause bradycardia.

Airway Obstruction:

- The following techniques for management of obstructed airway apply to adults as well as children and infants with the following exceptions in infants:
  - Five back blows followed by five chest thrusts are to be used - No Abdominal thrusts.
  - Finger sweep should only occur if foreign body is visualized. Blind finger sweeps are NOT performed in infants.
- Complete Airway Obstruction:
  1. Reposition the airway (jaw thrust or head tilt/chin lift).
  2. Foreign body maneuvers as indicated.
     - Infant: 5 back blows, 5 chest thrusts.
     - Child / Adult: 5 Abdominal thrusts (supine position)
     - If the patient is still conscious perform the Heimlich maneuver
  3. In the event abdominal thrusts are unsuccessful at removing the obstruction and the patient's airway remains completely obstructed.
     - Insert a laryngoscope gently into oropharynx to visualize any foreign body.
     - If a foreign body can be visualized, Magill forceps may be used to assist in removal of the foreign body.
  4. If the obstruction is not relieved, proceed to Surgical Airway or Needle Cricothyroidotomy as outlined in the appropriate procedure.
  5. When the obstruction is relieved:
     - Apply high flow oxygen per Airway/Oxygenation Procedure.
     - Assess the adequacy of ventilations and support as needed.
- Partial Airway Obstruction:
  1. **As long as the patient is moving air or coughing, no attempts should be made to relieve a partial airway obstruction.**
  2. Have patient assume a position of comfort
  3. Suction upper airway secretions as appropriate.
  4. Abdominal thrusts will not be effective and may be injurious to the patient still moving air.
  5. If patient demonstrates evidence of deterioration (change in mental status, inability to ventilate), treat as complete airway obstruction.