

AIRWAY OBSTRUCTION

SIGNS & SYMPTOMS:

1. Choking
2. Cough
3. Voice changes/inability to speak
4. Skin: cyanosis
5. Neuro: ↓ LOC , seizures, or unconscious
6. Respirations: labored, paradoxical, tachypneic, inspiratory stridor, ≠ breath sounds, ↓ O₂ sats

OBTAIN HISTORY OF:

1. Foreign body aspiration
2. Food ingestion
3. Drug or alcohol use
4. Trauma
5. PMH/Meds/Allergies

MEDICAL FIRST RESPONDER:

1. Assess and support ABCs.
2. Use suction if necessary to clear airway.
3. If airway remains obstructed, follow AHA guidelines for the removal of obstruction:
 - A. Adult: administer abdominal thrusts until dislodged or patient becomes unconscious. Once unconscious, continue sequence of: finger sweep, attempt to ventilate, five abdominal thrusts, until obstruction is dislodged.
 - B. Child: administer abdominal thrusts until dislodged or patient becomes unconscious. Once unconscious, continue sequence of: look in mouth, attempt to ventilate, five abdominal thrusts, until obstruction is dislodged.
 - C. Infant: administer five back blows and five chest thrusts until dislodged or patient becomes unconscious. Once unconscious, continue sequence of: look in mouth, attempt to ventilate, five back blows and five chest thrusts, until obstruction is dislodged.
4. Assist ABCs as necessary, administer high flow oxygen. Monitor oxygen sats on the patient.

BASIC LIFE SUPPORT:

1. If airway remains obstructed, use Magill forceps and laryngoscope to attempt to remove obstruction. If airway remains obstructed, continue efforts during rapid transport to closest medical facility or ALS intercept.
2. Once airway is cleared, initiate ECG monitoring if the patient develops chest discomfort, remains short of breath or has a cardiac history.

INTERMEDIATE TECH:

1. Establish IV of NS TKO.

INTERMEDIATE:

1. Be prepared to intubate patient if spontaneous breathing does not return.

PARAMEDIC/RN:

1. Consider needle cricothyrotomy if above techniques fail.

SPECIAL NOTES:

1. Suction applied for > 10 seconds may cause hypoxia and dysrhythmias.
2. Be prepared for vomiting following removal of obstruction.
3. Do not intervene in patients with a partial airway obstruction with good air exchange.



Timothy Steinmetz, MD