

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. Inadequate dentition
4. Drug or alcohol use
5. Trauma
6. PMH/Meds/Allergies

PRECAUTIONS:

1. Suction applied for > 10 seconds may cause hypoxia and dysrhythmias.
2. Be prepared for vomiting following removal of obstruction.

BASIC LIFE SUPPORT CARE:

1. Use suction if necessary to clear airway.
2. Do not intervene in patients with a partial airway obstruction with good air exchange.
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 visualizing airway for object (no blind finger sweep), attempt to ventilate, reposition and attempt to ventilate, 30 chest compressions, 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, reposition and attempt to ventilate, 30 chest compressions, 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, reposition and attempt to ventilate, 30 chest compressions, until obstruction is dislodged.
4. If airway remains obstructed, continue obstructed airway procedures during rapid transport to closest medical facility.
5. Consider ALS response.
6. Administer oxygen and assist ABCs as necessary once airway is cleared.
7. If patient is not transported following a choking episode, give written Non-Transport Information sheet for Foreign Object Ingestion/Choking to patient.

ADVANCED LIFE SUPPORT CARE: In addition to above and as appropriate:

1. If unresponsive, use Magill's forceps and laryngoscope to attempt to remove obstruction.
2. If unsuccessful, perform transtracheal needle insufflation or surgical cricothyrotomy.
3. Initiate cardiac monitoring.
4. If airway is cleared, establish IV of NS TKO

SPECIAL NOTES:

1. Paramedics should perform surgical cricothyrotomy using the Sklar hook technique if unable to clear the ADULT airway
2. Paramedics should perform needle jet insufflation on children < 8 years old