



Stanislaus County
Emergency Medical Services Agency

**POLICIES AND
 PROCEDURES**

POLICY: 554.21
 TITLE: Airway Obstruction

EFFECTIVE: 12/23/20
 REVIEW: 12/2025
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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AIRWAY OBSTRUCTION

- I. AUTHORITY: Health and Safety Code, Division 2.5 California Code of Regulations Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. DEFINITIONS: Partial Obstruction: Stridor, coughing forcefully, able to speak, still passing some air.
 Complete Obstruction: Cyanosis, silent cough, unable to speak, no air movement.
- IV. PROTOCOL: Consider the cause of the airway partial or complete obstruction, support ABC's.

EMR STANDING ORDERS

Patient Assessment	Circulation, Airway and Breathing, assess vitals q 5 minutes
Oxygen Administration	Provide oxygen if appropriate

EMT STANDING ORDERS

Note	Must perform items in EMR standing orders if applicable
Pulse Oximetry	Record reading

Paramedic STANDING ORDERS

Note	Must perform items in EMR and EMT standing orders if applicable
Monitor	Treat heart rhythm as appropriate
IV/IO Access	TKO
Needle Cricothyrotomy	If unable to manage airway by any other method, a catheter-over-needle, maximum gauge of 10, attached to a 50 psi transtracheal oxygen ventilation system.

Clinical PEARLS:

- **PARTIAL OBSTRUCTION-**
 - Foreign body-** Observe patient, supportive care
 - Angioedema-** Position of comfort. Paramedics-Consider nebulized saline with the highest flow rate tolerated. Avoid visualization of throat/airway unless tracheal intubation required.
 - Trauma-**Suction; supportive care.
 - Anaphylaxis-**Refer to Allergic Reaction Policy 554.43
- **COMPLETE OBSTRUCTION**
 - Foreign body-** Abdominal thrusts (chest thrusts for pregnant patients). Paramedics- laryngoscopy and removal with Magill Forceps.
 - Angioedema-** Position of comfort. Paramedics-Consider nebulized saline with the highest flow rate tolerated. Avoid visualization of throat/airway unless endotracheal intubation required.
 - Trauma- Aggressive suctioning, supportive care, secure airway as appropriate**
- **UNCONSCIOUS PATIENT**
 - CPR-Refer to Cardiac Arrest Algorithm
- Intravenous access is preferred over Intraosseous unless patient is unstable
- Secure airway with simplest technique, i.e. BLS airway unless unable to manage