



POLICY: 555.21
 TITLE: Pediatric Airway Obstruction

EFFECTIVE: 7/1/2018
 REVIEW: 7/2023
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PEDIATRIC AIRWAY OBSTRUCTION

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. DEFINITIONS:
 - Partial Obstruction**: Stridor, coughing forcefully, able to speak/cry, still passing some air
 - Complete Obstruction**: Cyanosis, silent cough, unable to speak/cry, no air movement.
- IV. PROTOCOL: Transport patient immediately to the closest receiving hospital if unable to clear obstruction or otherwise establish an airway. All patients should be transported to a receiving hospital regardless of airway maneuvers.

Needle Cricothyrotomy is contraindicated in pediatric patients.

STANDING ORDERS

ASSESS	CAB
OXYGEN	Oxygen delivery as appropriate.
MONITOR	Treat rhythm as appropriate.
CONSIDER IV/IO ACCESS	TKO with microdrip tubing and volume control chamber.
CONSIDER CAUSE and SEVERITY	

PARTIAL OBSTRUCTION

Foreign Body	Observe patient; supportive care.
Croup/Epiglottitis	Position of comfort. Consider nebulized saline with the highest flow rate tolerated. Avoid visualization of throat/airway.
Trauma	Suction; supportive care.
Anaphylaxis	Refer to Policy 555.42 – Pediatric Allergic Reaction.

STANDING ORDERS CONTINUED

COMPLETE OBSTRUCTION

Foreign Body	Abdominal thrusts, chest thrusts, laryngoscopy and removal with Magill Forceps.
Croup/ Epiglottitis	Position of comfort. Consider nebulized saline with the highest flow rate tolerated. Avoid visualization of throat/airway unless foreign body obstruction removal is required.
Trauma	Aggressive suctioning; supportive care, secure airway as appropriate. Refer to Policy 554.00 – General Protocols.
Anaphylaxis	Refer to Allergic Reaction Policy 555.42.

UNCONSCIOUS PATIENT

CPR

SECURE AIRWAY

Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Refer to Policy 554.00 – General Protocols.