

Protocol: DRAFT Airway Obstruction Effective Date: DRAFT

Review Date: DRAFT

AIRWAY OBSTRUCTION	
ADULT	PEDIATRIC
BLS Procedures	
 Abdominal thrusts in rapid sequence. If ineffective, or patient is obese or late-stage pregnancy, consider chest thrusts. If able to visualize a foreign body, attempt to remove it. Assist ventilations with BVM. If patient becomes unresponsive, begin CPR. 	Patients less than 1 year old 5 back blows followed by 5 chest compressions. If patient becomes unresponsive, start CPR. Patient greater than 1 year old Abdominal thrusts in a rapid sequence. If patient becomes unresponsive, start CPR. If able to visualize foreign body, attempt to remove. Assist ventilations with BVM.
ALS Standing Orders	
 If able to visualize the foreign body, use Magill forceps to attempt to remove the obstruction. If airway cannot be managed with BLS measures, consider advanced airway management techniques. 	 If able to visualize the foreign body, use Magill forceps to attempt to remove the obstructions. If airway cannot be managed with BLS measures, consider advanced airway management techniques. (supraglottic) Do not intubate pediatrics 14 and under.
Needle Cricothyrotomy	
If unable to manage obstructions by any other method Needle Cricothyrotomy May only use approved Needle Cricothyrotomy kit. Ventilate using appropriate oxygen delivery method. Attach end-tidal ETCO2 detector	If unable to manage obstructions by any other method Needle Cricothyrotomy Minimum age of 5 May only use approved pediatric Needle Cricothyrotomy kit. Ventilate using appropriate oxygen delivery method. Attach end-tidal ETCO2 detector
IF NEEDLE CRICOTHYROTOMY IS UNSUCCESSFUL, TRANSPORT TO CLOSEST RECEIVING HOSPITAL	
Base Hospital Orders Only Contact Base Hospital physician for additional treatment that exceed written protocol	