G10 OBSTRUCTED AIRWAY

Early recognition of an obstructed airway and immediate intervention are vital to ensure patient survival. An airway that is obstructed and cannot be cleared requires the EMS personnel to immediately initiate load and go procedures, with ongoing attempts to establish a patent airway en route.

GENERAL

- personal protective equipment should be utilized as appropriate
- body substance isolation techniques and equipment should be utilized as appropriate
- identify the mechanism(s) of injury
- primary survey
  - the primary survey may be interrupted by the requirement to establish a patent airway
  - other members of the emergency response team may be required to complete the primary survey as load and go procedures are initiated
  - other life threatening complications should be treated if possible and may need to be attended to while en route
  - maintenance of an open airway and ensuring adequate respirations has priority over all other treatments, including control of the cervical spine

Complete Airway Obstruction

- age-specific manual techniques for management of foreign body airway obstruction are carried out until the foreign body is removed and a patent airway is established, or the patient becomes unconscious

Adults and Children

- ask the patient "Are you choking? Can you speak?"

  → patient cannot speak, breathe, or cough forcefully
  - give abdominal thrusts
  - chest thrusts for pregnant or obese people
  - repeat thrusts until effective or the patient becomes unresponsive
  - if patient is breathing or resumes effective breathing, place in the recovery position

  → if patient becomes unresponsive
  - perform a tongue-jaw lift and finger sweep to remove object if visible
  - open airway and give two slow breaths
  - if the first breath doesn't go in, reposition the head and attempt to ventilate again
  - give up to 15 chest compressions for the adult
  - give up to five chest compressions for the child
  - repeat above steps until successful

Infant (birth to 1 year of age)

- confirm airway obstruction – this may be indicated by significant difficulty breathing, ineffective cough or lack of strong cry
- give up to five back blows and five chest thrusts
- repeat until effective or the infant becomes unresponsive
- if infant is breathing or resumes effective breathing, place infant in the recovery position

→ if patient becomes unresponsive

- perform a tongue-jaw lift and finger sweep if object is visible
- open airway and attempt to ventilate
- if the first breath does not go in, reposition the head and try again
- give up to five chest compressions, maintaining the head-tilt while performing compressions
- repeat above steps until successful

→ **If the airway remains obstructed after initial attempt to clear obstruction**

- load and go should be initiated as soon as possible
  - on scene times should be kept to a minimum
  - assist ventilations as effectively as possible
  - treat other life-threatening conditions en route
- transport the patient to the nearest appropriate health care facility
  - notify the receiving health care facility of the patient's status as soon as possible
  - monitor and treat the patient en route
  - additional surveys and treatments should be conducted en route
- prepare to initiate CPR
- document all actions including the decision to initiate load and go
- report all findings to the receiving facility staff, and document on the patient care report

- **Partial Airway Obstruction**

  - **If the patient has good air exchange and can speak, breathe, cough or cry**
    - do not initiate complete airway obstruction procedure
    - attempt to calm them
    - encourage patient to take deep breaths and to cough
  - provide 100% oxygen via non-rebreathe mask
    - prepare to assist ventilations if the patient's air exchange deteriorates
  - load and go should be initiated as soon as possible
    - on scene times should be kept to a minimum
    - treat other life threatening conditions en route
  - transport the patient to the nearest appropriate health care facility
    - notify the receiving health care facility of the patient's status as soon as possible
  - monitor the patient closely for adequate air exchange and be prepared to ventilate
  - additional surveys and treatments should be conducted en route
  - document all actions including the decision to initiate load and go
  - report all findings to the receiving facility staff, and document on the patient care report

- **If the patient has poor air exchange**
  - treat as indicated for a complete airway obstruction

- **If the partial airway obstruction is relieved**
  - assess the patient for rate and adequacy of respirations
  - provide 100% supplemental oxygen
  - assist ventilations and suction if required
  - refer to Dyspnea and Respiratory Distress Guideline
  - load and go should be initiated as soon as possible
    - on scene times should be kept to a minimum
  - transport to the nearest appropriate health care facility

- **If the partial airway obstruction becomes a complete obstruction**
  - treat as indicated for a complete airway obstruction
  - initiate immediate load and go as soon as possible
  - transport to the nearest appropriate health care facility

NOTE

- **If the patient is in the late stages of pregnancy and is responsive or unresponsive**
  - you will need to provide chest thrusts instead of abdominal thrusts for the safety of the mother and fetus
  - position the patient with a pillow or some other wedge-shaped object under the right side of the abdomen, injuries permitting, to shift the uterus towards the patient's left side

- EMS personnel must ensure they are current in assessing and treating an obstructed airway

- with an airway obstruction, attempt to identify whether an object or other substance may be the cause of the obstruction
  - this information may be required by medical staff to determine what interventions to initiate, e.g. surgical intervention

- health care professionals are to perform the tongue-jaw lift and finger sweep

- other causes of airway obstruction or the inability to ventilate a patient other than a foreign body in the airway should be considered
  - this includes but is not limited to
    - trauma to the neck, larynx, upper airway
    - reactions to poisons and anaphylactic reactions, causing swelling of upper airway structures
    - smoke inhalation and airway burns
    - improper positioning of the head
    - near drowning
    - other medical causes such as croup or epiglottitis

- EMS personnel trained and certified in management of upper airway obstructions using the Airway Obstruction with Foreign Body Protocol may do so, if indicated

- EMS personnel trained and certified to an advanced cardiac care level may perform to that level if indicated

NOTES :