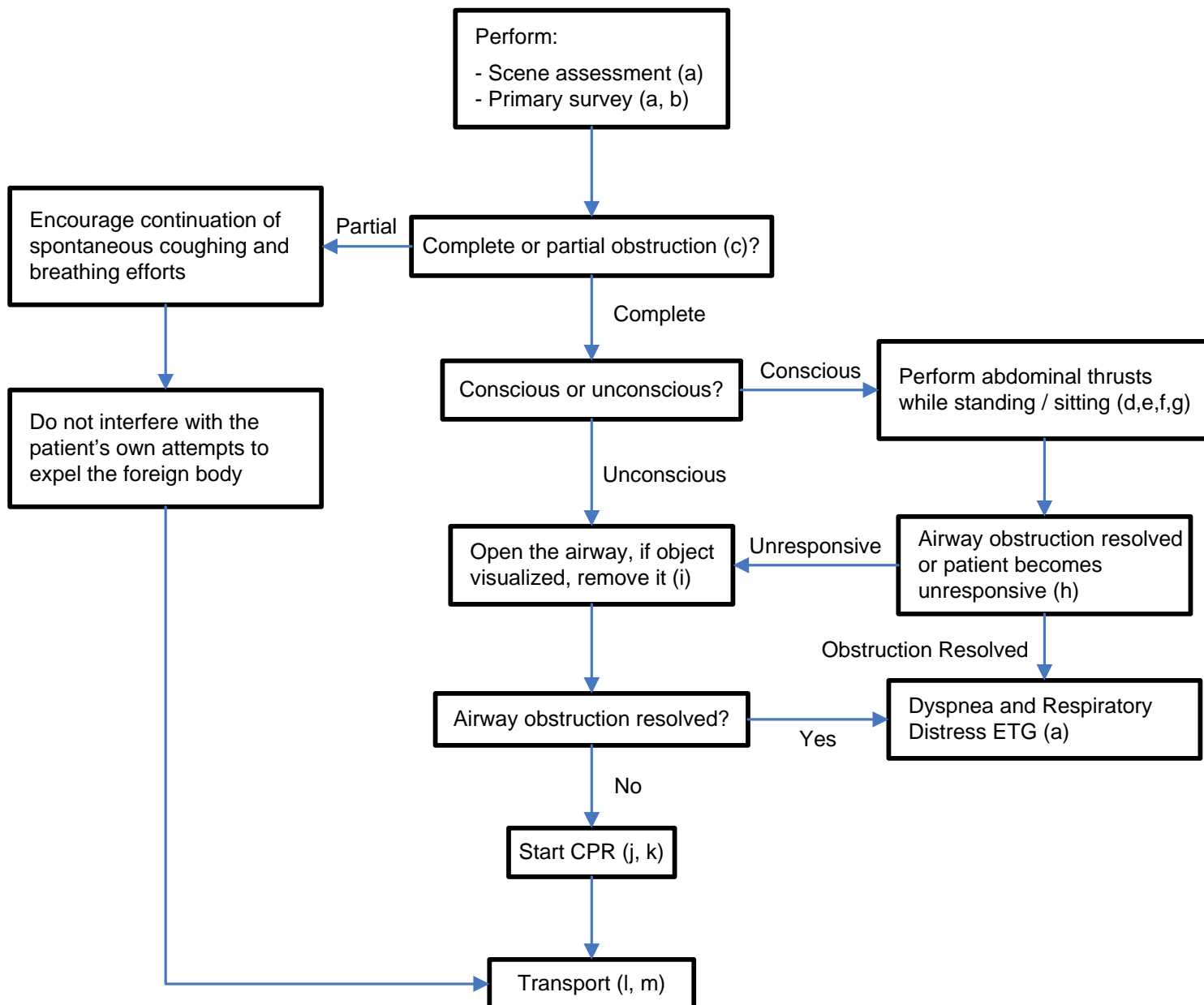


GENERAL: Obstructed Airway Adult & Child



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- a. Refer to appropriate Emergency Treatment Guideline for a complete description and/or application.
- b. Maintenance of an open airway and ensuring adequate respirations has priority over all other treatments, including control of the cervical spine. 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.
- c. Other causes of airway obstruction or the inability to ventilate a patient other than a foreign body in the airway should be considered and 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, and other medical causes such as croup or epiglottitis.
- d. Repeat thrusts until the object is expelled from the airway or the victim becomes unresponsive. Give each new thrust with a separate, distinct movement to relieve the obstruction.
- e. If you find a responsive choking victim lying down, perform abdominal thrusts with the victim lying down.
- f. Abdominal thrusts may cause complications, such as damage to internal organs. A patient who has received abdominal thrusts should be examined by a physician to rule out any life-threatening complications.
- g. If the victim is pregnant or obese, perform chest thrusts instead of abdominal thrusts. Position a pregnant 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.
- h. If the airway remains obstructed after initial attempt to clear obstruction, “load and go” should be initiated as soon as possible.
- i. Do not perform blind finger sweeps because the foreign body may be pushed back into the airway, causing further obstruction or injury.
- j. 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.
- k. Obtain information on the situation from relatives, witnesses, and other response personnel.
- l. On scene times should be kept to a minimum with transport to the nearest appropriate health care facility. Notify and report patient status and all findings to the receiving facility staff and document all actions on the patient care report including the decision to initiate load and go (if applicable).
- m. Monitor and treat the patient en route per appropriate Emergency Treatment Guideline(s). Other life threatening complications should be treated if possible and may need to be attended to while en route.