

# Airway Obstruction with Foreign Body

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## **Preamble**

Upper airway obstruction secondary to a foreign body can be a life-threatening emergency. Standard basic life support maneuvers usually provide effective management. Foreign body visualization via direct laryngoscopy and removal with Magill forceps offers an additional treatment option when basic life support maneuvers are not effective.

## **Requirements**

1. Fully licensed Technician-Paramedic.
2. Certification in airway obstruction with foreign body protocol by the Medical Director.
3. Certification in tracheal intubation or double lumen airway protocol by the Medical Director.

## **Indications**

1. Unconscious patient with airway compromised by foreign body not relieved by basic life support maneuvers.

## **Contraindications**

1. Conscious patient.
2. Patient age less than one year.

## **Procedure**

1. Perform patient assessment, and record vital signs and level of consciousness.
2. Assess that patient meets criteria for this protocol.
3. Ensure there are no contraindications to use of this protocol.
4. Initiate basic life support treatment measures, including suction and removal of foreign material from oropharynx.
  - these take precedence over management using this protocol
5. If unable to remove the foreign body or ventilate using basic airway maneuvers, give one series of abdominal thrusts or chest compressions (using the age-appropriate maneuver).
6. Check to see if the obstruction was relieved.
7. If the foreign body is visible in the oropharynx, attempt to remove it manually or using Magill forceps.
8. If the foreign body is not evident, visualize the laryngopharynx using the laryngoscope.
9. If the foreign body is visualized by laryngoscopy, attempt to grasp and remove it using Magill forceps. You must visualize the foreign body before attempting to remove it. Do not probe the pharynx blindly with any instrument.
10. If the foreign body is not readily visible, attempt to ventilate. Continue with basic life support protocols and prepare for immediate transport.
11. If the foreign body is removed, withdraw the laryngoscope and attempt to ventilate. Continue basic life support protocols and prepare for immediate transport.
12. In the event of an ongoing upper airway obstruction, intubation (using endotracheal tube or double lumen airway) in an attempt to ventilate the patient is permitted.
13. Initiate transport, unless other emergency condition required immediate treatment.
14. A maximum of two attempts at laryngoscopy should be made prior to transport. If transport times are prolonged (greater than 10 minutes), another attempt can be made en route. The vehicle must be stopped during any attempt.
15. Monitor and reassess patient en route.

16. Notify receiving facility of patient's condition and maneuvers used.

### **Documentation Requirements**

The following information must be documented on the patient care report form:

1. Patient's presenting signs and symptoms, including vital signs.
2. Basic life support maneuvers and their results.
3. Indications for laryngoscopy.
4. Number of attempts using advanced maneuvers, and their outcome.
5. Repeat assessment and vital signs, as indicated.
6. Changes from baseline, if any, that occur during treatment or transport.
7. Signature and license number of EMS personnel performing any transfer of function skills.

### **Certification Requirements**

1. Attend in-depth classes and lectures on airway anatomy, upper airway obstruction, direct laryngoscopy, and use of Magill forceps.
2. Demonstrate proficiency at direct laryngoscopy and use of Magill forceps in a clinical or simulated setting, under supervision of the Medical Director.
3. Pass both written and oral examinations.
4. Certification is by the Medical Director.

### **Recertification Requirements**

1. Review class and recertification is done every 12 months.
2. A record will be kept to document all cases where this protocol is used.

### **Decertification**

1. Decertification is at the discretion of the Medical Director or the Provincial Medical Director, Emergency Medical Services, Manitoba Health & Healthy Living.

### **Quality Assurance Requirements**

1. Appropriate quality assurance policies must be in place. The Medical Director or designate must review all instances where this protocol is used. As a minimum, the following must be assessed:
  - i) appropriateness of implementation
  - ii) adherence to protocol
  - iii) any deviation from the protocol
  - iv) corrective measures taken, if indicated
2. Yearly statistics for protocol use compiled and forwarded to Emergency Medical Services, Manitoba Health & Healthy Living.