

## ***Obstructed Airway***

### **INDICATIONS**

#### **MRF/EMT/SPECIALIST/PARAMEDIC**

1. Complete or partial obstruction of the airway due to a foreign body.
2. Complete or partial obstruction of the airway due to airway swelling from anaphylaxis, croup, or epiglottitis; refer to **Respiratory Distress Protocol**.
3. Patient with unknown illness or injury who cannot be ventilated after the airway has been properly opened.

### **TECHNIQUE**

1. Complete Foreign Body Airway Obstruction for Adult Patient.
  - a. Perform **Foreign Body Airway Obstruction Management Procedure for the Conscious Patient** according to the state standard curricula, AHA, or ARC guidelines.

#### **PARAMEDIC**

- b. For the unconscious patient, after 2 unsuccessful sets of abdominal thrusts, perform direct laryngoscopy and attempt removal using Magill forceps.
  - c. Removal may be facilitated with simultaneous abdominal thrusts.

#### **MRF/EMT/SPECIALIST/PARAMEDIC**

2. Partial Foreign Body Airway Obstruction for Adult Patient.
  - a. Have patient assume a position of comfort.
  - b. Refer to **Airway/Oxygenation Procedure**.
  - c. As long as the patient is moving air or coughing, support airway attempts.
  - d. If patient demonstrates evidence of deterioration (change in mental status, inability to ventilate), treat as complete airway obstruction.
3. When the Foreign Body Obstruction is Relieved for Adult Patient.
  - a. Place in recover position.
  - b. Refer to **Airway/Oxygenation Procedure**.
4. Suspected Anatomical Obstruction for Adult Patient.
  - a. See **Allergic Reaction/Anaphylactic Protocol** as appropriate.
  - b. Refer to **Airway/Oxygenation Procedure**.
  - c. Initiate rapid transport.

### **SPECIAL CONSIDERATIONS:**

1. No attempts should be made to relieve a partial airway obstruction. However, be ready to intervene immediately if complete airway obstruction develops.
2. Vomiting and or aspiration commonly occur after relief of an airway obstruction. Be prepared to quickly and aggressively suction the patient.

### **PEDIATRIC CONSIDERATIONS:**

1. Use age appropriate techniques to dislodge the obstruction (for infants younger than 1 year, apply back blows with chest thrusts; for children 1 year and older use only abdominal thrusts).

#### **SPECIALIST/PARAMEDIC**

2. If unsuccessful, establish a direct view of the object and attempt removal with Magill forceps.
3. If unsuccessful, attempt endotracheal intubation and ventilate.