



Airway Obstruction

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2018

Approval: Victoria Pinette – Executive Director

Next Review: 07/2021

• **Signs of severe airway obstruction:**

- Poor air exchange
- Cyanosis
- Increased breathing difficulty
- Inability to speak/breathe
- Silent cough

BLS

- Assess V/S, Including SpO₂
- O₂ at appropriate rate if hypoxemic (SpO₂ < 94%) or short of breath
- Suction as needed, be prepared to support ventilation with airway adjuncts

Signs of severe airway obstruction?

NO

Foreign Body (FB)

Infection

Anaphylaxis

- Perform abdominal thrusts
- Begin CPR if patient becomes unresponsive
- Check mouth and remove any visible FB, do not perform blind finger sweeps

- Position of comfort
- Consider humidified O₂
- Assist ventilation with BVM if necessary
- Avoid airway visualization and use of an OPA

Go to Allergic Reaction/Anaphylaxis Protocol (M-1)

LALS

LALS

- If inadequate ventilation:**
- Consider nebulized epinephrine 1:1,000 – 5 mg (5 mL) HHN, mask, or BVM

Consider advanced airway

Cardiac monitor (AEMT II)

- Establish vascular access at appropriate time (may bolus up to 1000 mL NS)
- Monitor and reassess

LALS