



Airway Obstruction

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• Signs of severe airway obstruction:

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

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)

ALS

ALS

- If continued FB airway obstruction on an unresponsive patient:**
- Perform direct laryngoscopy and remove any visible FB with Magill forceps

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

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- If continued inadequate ventilation, consider needle cricothyrotomy:**
- If soft tissue of neck begins to balloon after insertion, remove catheter

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