



### Airway Obstruction

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2023

Approval: John Poland – Executive Director

Next Review: 09/2026

**• Signs of severe airway obstruction:**

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

**BLS**

- Assess V/S, including SpO<sub>2</sub>
- O<sub>2</sub> at appropriate rate if SpO<sub>2</sub> <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 pt becomes unresponsive
- Check mouth & remove any visible FB, do not perform blind finger sweeps

- Position of comfort
- Consider humidified O<sub>2</sub>
- Assist ventilation with BVM as necessary
- Avoid airway visualization & use of an OPA

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

**ALS**

**ALS**

**ALS**

**If continued airway obstruction on an unresponsive pt:**  
• Perform direct laryngoscopy and remove any visible FB with magill forceps

**If inadequate ventilation:**  
• Consider **nebulized epinephrine** (1:1000, 5 mg/5 mL) **OR** **racemic epinephrine** (0.5 mL vial of 2.25% inhalation solution mixed with NS to = 5 mL of total volume) via HHN, mask, or BVM  
• Consider advanced airway

**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)