Sierra – Sacramento Valley EMS Agency Treatment Protocol	R-1
Airway Obstruction	
Approval: Troy M. Falck, MD – Medical Director	Effective: 10/01/2026
Approval: John Poland – Executive Director	Next Review: 07/2029

- **Signs of severe airway obstruction:**
  - Poor air exchange
  - Cyanosis
  - Increased breathing difficulty
  - Inability to speak/breathe
  - Silent cough

BLS

- Assess V/S, including SpO_2
- O_2 at appropriate rate if SpO_2 <94% or short of breath
- Suction as needed, be prepared to support ventilation with airway adjuncts

Signs of severe airway obstruction?

NO → **ALS**

YES

Foreign Body (FB)

- Repeated cycles of 5 back blows followed by 5 abdominal thrusts
- Begin CPR if pt becomes unresponsive
- Check mouth & remove any visible FB, do not perform blind finger sweeps

ALS

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

Infection

- Position of comfort
- Consider humidified O_2
- Assist ventilation with BVM as necessary
- Avoid airway visualization & use of an OPA

ALS

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

Anaphylaxis

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

ALS

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

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