

SUBJECT: ADVANCED LIFE SUPPORT OBSTRUCTED AIRWAY PROTOCOL

I. PURPOSE:

To establish an Advanced Life Support (ALS) protocol and policy for the assessment and treatment of the patient with partial or complete airway obstruction.

II. POLICY

Certified paramedics, either accredited, or while acting as a candidate for accreditation by the San Luis Obispo County Emergency Medical Services Agency, shall follow this ALS treatment protocol while on duty and rendering medical care.

- A. Paramedic personnel shall utilize ALS principles and skills as indicated in this protocol.
- B. Deviations from this protocol shall be made by only on-duty paramedics only under the direction of an on-duty base station physician.

III. ADULT OBSTRUCTED AIRWAY

A. CRITERIA/INDICATIONS

1. Universal sign of choking distress (hands grasping throat)
2. Absence of breath sounds and inability to ventilate
3. Observe for the presence of cyanosis and respiratory retractions
4. Inability to speak
5. Assess respiratory effort, i.e., crowing respirations, stridor, etc
6. Consider transport as early as possible

IV. AUTOMATIC ORDERS:

A. CONSCIOUS

1. Assess ability to speak or cough. If able to speak or cough, obtain pulse oximetry reading and administer oxygen as necessary.
- ~~2. Administer abdominal/chest thrusts as appropriate until foreign body becomes dislodged and expelled or until patient becomes unconscious.~~
2. [Perform procedures for foreign-body airway obstruction according to current BLS training \(abdominal/chest thrusts, finger sweep\). \[Updated 7/12/07\]](#)

3. If obstruction is relieved, reassess and maintain airway as appropriate.
4. Obtain pulse oximetry reading.
5. Administer oxygen as appropriate.
6. Attempt base contact.

B. UNCONSCIOUS

1. Place patient in supine position. Maintain in-line axial spine stabilization for suspected spinal injury.
2. Open airway and assess for respiratory effort.
3. If apneic, attempt to ventilate with BVM. If unable to ventilate, reposition and reattempt ventilation.
- ~~4. If unable to ventilate, perform five abdominal thrusts, finger sweep and reattempt ventilation.~~
4. [Perform procedures for foreign-body airway obstruction according to current BLS training \(abdominal/chest thrusts, finger sweep\). \[Updated 7/12/07\]](#)
5. If obstruction persists, attempt direct laryngoscopy and remove foreign body with Magil forceps, if visible.
6. If unable to relieve obstruction, perform percutaneous needle cricothyrotomy in accordance with EMS Agency Policy No. 617.
7. Upon securing an airway, ventilate and assess lung sounds. Obtain pulse oximetry reading and assess end-tidal CO₂.
8. Attempt base contact.

V. PEDIATRIC OBSTRUCTED AIRWAY

A. CRITERIA/INDICATIONS

1. Inabilities to cry, speak, or cough
2. If unconscious, absence of breath sounds, inability to ventilate
3. Assess respiratory effort, e.g., stridor, nasal flaring, retractions
4. Altered level of consciousness
5. Assess for presence of cyanosis and drooling

6. Observe for grunting, tachypnea, and/or bradycardia
7. Consider transport as early as possible

VI. AUTOMATIC ORDERS:

A. CONSCIOUS

Assess for ability to cry, speak, or cough.

- ~~1. Administer abdominal thrusts (5 back thrusts and 5 chest thrusts for infant less than 1 year of age) until the foreign body becomes dislodged and expelled or until patient becomes unconscious.~~
- [1. Perform procedures for foreign-body airway obstruction according to current BLS training \(abdominal/chest thrusts, finger sweep\). \[Updated 7/12/07\]](#)
2. If obstruction is relieved, reassess and maintain airway as appropriate.
3. Obtain pulse oximetry reading.
4. Administer oxygen as appropriate.
5. Attempt base contact.

B. UNCONSCIOUS

1. Place patient in supine position. Maintain in-line axial spine stabilization for suspected or possible spinal injury. Infants and children may require under-shoulder support to achieve neutral cervical spine position.
2. Open airway and assess for presence of respirations and/or effort.
3. If apneic, attempt to ventilate with BVM. If unable to ventilate, reposition and reattempt ventilation.
- ~~4. If unable to ventilate, perform 5 abdominal thrusts (5 back thrusts and 5 chest thrusts for infant less than 1 year of age) and reattempt to ventilate.~~
- [4. Perform procedures for foreign-body airway obstruction according to current BLS training \(abdominal/chest thrusts, finger sweep\). \[Updated 7/12/07\]](#)
5. If obstruction persists, attempt direct laryngoscopy and remove foreign body with Magil forceps if visible.
6. If unable to relieve obstruction, perform percutaneous needle cricothyrotomy in accordance with EMS Agency Policy No. 617.

7. Upon securing an airway, ventilate and assess lung sounds. Obtain pulse oximetry reading and assess end-tidal CO₂.
8. Attempt base contact.