

r-1 AIRWAY OBSTRUCTION

PRIORITIES:

- ABCs
- Degree of distress? Shock?
- If complete airway obstruction, proceed to obstructed airway treatment
- Assure an advanced life support response;

Mechanical upper airway obstruction with history of food aspiration (especially if elderly), alcohol abuse, child playing with small toys.

Conscious Patient – able to speak

1. Leave the patient alone, offer reassurance;
2. Encourage coughing;
3. Offer OXYGEN Therapy via nasal cannula;
4. Frequent suctioning as needed to control secretions;
5. Once EMS transport arrives, begin transport ASAP, avoid agitating the patient.

Conscious Patient –Unable to Cough or Speak

1. Ask the patient if s/he is choking;
2. Administer abdominal thrusts until the foreign body is expelled or until the patient becomes unconscious;
3. After obstruction is relieved, reassess the airway, lung sounds, skin color and vital signs;
4. OXYGEN therapy as indicated by clinical condition.

Adult Patient Who Becomes Unconscious

1. Roll patient supine; open airway (tongue-jaw lift); perform a finger sweep;
2. Attempt bag-valve mask ventilations; if unable to ventilate, perform 6 – 10 additional abdominal thrusts;
3. Perform a finger sweep and attempt to ventilate;
4. If still obstructed, repeat the above sequence

Patient Found Unconscious

1. Roll the patient supine; open airway (tongue-jaw lift);
2. Follow sequence for adult who becomes unconscious.

Child with Complete Obstruction

1. In infants <1 year old, start with four (4) back blows with the infant straddled over the arm in the prone position, with the head lower than the trunk;
2. Administer back blows on the rescuer's thigh and delivering the blows with the heel of the hand;
3. Turn the infant over and deliver four (4) chest compressions in a manner similar to CPR 9but slower). Finger sweeps are to be avoided unless the foreign body can be seen and plucked (with the fingers) from the infant's mouth;
4. In children >1 year of age, treatment follows the same sequence as in the adult except that finger sweeps are to be avoided unless the foreign body can be seen and plucked (with the fingers) from the child's mouth.