NAPA COUNTY EMS AGENCY

Foreign Body Airway Obstruction

FIELD TREATMENT GUIDELINE M-02

INDICATION

- Sudden onset of respiratory distress often associated with coughing, wheezing, gagging, or stridor due to a foreign-body obstruction of the upper airway.

BLS

- Follow **General Medical Care M-01**.
- For pediatric patients, follow **General Pediatric Care P-01**.
- Assess the degree of foreign body obstruction.
    - Do not interfere with a mild obstruction; allow the patient to clear their airway by coughing.
        - Administer oxygen.
    - In severe foreign-body obstructions, the patient may not be able to make a sound. The patient may clutch his/her neck demonstrating the universal choking sign.
- For an infant, deliver 5 back blows, followed by 5 chest compressions. This should be repeated until the object is expelled or the patient becomes unresponsive.
- For a child or adult, perform subdiaphragmatic abdominal thrusts (Heimlich Maneuver) until the object is expelled or the patient becomes unresponsive.
- If the patient becomes unresponsive, begin CPR immediately but look in the mouth before administering any ventilation. If a foreign-body is visible, remove it.

Do not perform blind finger sweeps in the mouth or posterior pharynx

ALS

- If BLS measures are unsuccessful, perform hyperangulated video laryngoscopy or direct laryngoscopy. If foreign body is visible and easily accessible, attempt removal with Magill forceps.
- If indicated, perform **Needle Cricothyrotomy AP-03**.

KEY CONCEPTS

- No additional considerations.