3A UPPER AIRWAY OBSTRUCTION

PATIENT CARE GOALS

- Identify airway compromise, restore and maintain airway patency, and ensure adequate oxygenation, ventilation, and perfusion.
- Improve patient comfort and ease of breathing, including assistance with elimination of secretions, as needed.

EMT

1. Assess the patient and provide initial care, including oxygen, positioning, ventilatory assistance, and vascular access, if needed, per **1B General Assessment and Care**.
2. Determine if mild or severe obstruction.
   - Mild – good air exchange; responsive and can cough forcefully; may wheeze between coughs.
   - Severe – poor or no air exchange; weak and ineffective cough or no cough at all; high pitched noise while inhaling or no noise at all; increased respiratory difficulty; possible cyanosis; unable to speak; clutching the neck with the thumb and fingers, making the universal choking sign; unable to move air.[1]
3. Mild Airway Obstruction
   - As long as good air exchange continues, encourage the patient to continue spontaneous coughing and breathing efforts.
   - Do not interfere with the patient's own attempts to expel the foreign body, but stay with the patient and monitor their condition.
4. Severe Airway Obstruction (Responsive Patient)

ADULT	PEDIATRIC (less than 60 kg)
Suspected Foreign Body Obstruction: 1. Perform abdominal thrusts by the following technique: a. Stand or kneel behind the patient and wrap your arms around the patient's waist. b. Make a fist with one hand. c. Place the thumb side of your fist against the patient's abdomen, in the midline, slightly above the navel and well below the sternum. d. Grasp your fist with your other hand and press your fist into the patient's abdomen with a quick, upward thrust. e. Repeat thrusts until the object is expelled from the airway or the patient becomes	**Suspected Foreign Body Obstruction:** 1. If greater than 1 year of age perform abdominal thrusts by the following technique: a. Stand or kneel behind the patient and wrap your arms around the patient's waist. b. Make a fist with one hand. c. Place the thumb side of your fist against the patient's abdomen, in the midline, slightly above the navel and well below the sternum. d. Grasp your fist with your other hand and press your fist into the patient's abdomen with a quick, upward thrust. e. Repeat thrusts until the object is expelled from the airway or the patient becomes

ADULT	PEDIATRIC (less than 60 kg)
unresponsive. f. Give each new thrust with a separate, distinct movement to relieve the obstruction. 2. If a responsive choking patient is lying down, perform abdominal thrusts with the patient lying down.	unresponsive. f. Give each new thrust with a separate, distinct movement to relieve the obstruction. 2. If less than 1 year of age alternate 5 back blows with 5 chest compressions until obstruction is relieved or the patient becomes unresponsive. 3. If a responsive choking patient is lying down, perform abdominal thrusts with the patient lying down.

PARAMEDIC

5. Severe airway obstruction (Unresponsive Patient)
   a. Open the airway and remove the object if visible. If the object is not visible, begin **7G Pit Crew CPR**. Perform **7F2 Direct Laryngoscopy** and use Magill forceps to remove foreign body obstruction.
   b. If foreign body cannot be removed with Magill forceps attempt to push foreign body into the left or right mainstem bronchus.
   c. Examine the mouth with each breath and look for the object. If visible, remove it. If not visible continue **7G Pit Crew CPR**.
6. If unable to ventilate perform **7F4 Quick Trach** or **7F5 Needle Chricothyrotomy**.[2]

Suspected Croup

1. Administer **racemic epinephrine**, combine unit dose with 3 ml normal saline and administer via nebulizer (**7V Nebulized Medication Administration**). May repeat as needed.

DOCUMENTATION KEY POINTS

- Assessment of airway obstruction and method(s) used to establish airway patency.
- Initial confirmation and ongoing assessment of airway patency and adequacy of ventilations following airway management procedures, including SpO_2 and $EtCO_2$ monitoring.
- Initial and ongoing assessments, monitoring, interventions, patient response, and complications (if any) encountered.

NOTES

[1] Treat partial airway obstruction with poor air exchange as a complete obstruction.

[2] Use **7F5 Needle Cricothyrotomy** for children less than 13 years of age.