

**Airway Obstruction**

3/9/2018

**General Scope:** Obstruction of the airway is a life threatening situation and needs to be treated quickly. In semi-conscious and unconscious individuals, the obstruction may be the result of aspiration of vomitus or a foreign object or of a position of the head that causes obstruction by the tongue.

**Protocol:**

1. Perform routine medical assessment
2. If patient is conscious and can breathe, cough, or speak, **do not interfere!**
  - a. Encourage patient to cough. If the foreign body cannot be dislodged by the patient coughing:
    - i. Administer high concentration oxygen
    - ii. Transport in sitting position, keep patient warm
    - iii. Ongoing assessment. Obtain and record patient's vital signs and repeat as often as situation dictates
3. If patient is unable to speak and is conscious
  - a. Perform Heimlich maneuver until the foreign body is expelled or the victim becomes unconscious.
4. If patient becomes unresponsive and is not breathing
  - a. Prior to giving rescue breaths, look in mouth to see if you can remove any foreign object using forceps or finger sweep.
  - b. Attempt ventilation
  - c. If obstruction persists, reposition and re-attempt ventilation
  - d. PRIOR to initiating CPR: if you are trained and equipped to use a hand-held negative pressure anti-choking device, utilize the device as per the manufacturer's instructions included with the LifeVac tool. Note indications/contraindications below.
  - e. If obstruction persists perform CPR per ECC 2015 guidelines
    - i. Repeat steps a-d until obstruction is dislodged or 5 cycles
5. If unable to ventilate: [EMT] attempt direct laryngoscopy and removal with Magill forceps
6. If unsuccessful in removing foreign body or relieving upper airway obstruction consider requesting ALS assistance

**LifeVac****INDICATIONS:**

Choking adult or child over 22 lbs. (10 kg) that cannot cough or speak (i.e. concern for airway obstruction) that have failed attempts at American Heart Association/American Red Cross choking guidelines.

**CONTRAINDICATIONS:**

Responsive patients with partial foreign body obstructions. Patients weighing less than 22 lbs. (10 kg). Indications for use: