AIRWAY OBSTRUCTION - STRIDOR (A10)

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: if indicated.				X	

SEVERE OBSTRUCTION - UNABLE TO COUGH OR SPEAK CONSIDER CAUSE - FOREIGN BODY OBSTRUCTION	F	E	O	P	D
ABDOMINAL THRUSTS	X	X	X	X	
REMOVE FOREIGN BODY	X	X	X	X	
LARYNGOSCOPY, SUCTION, &/OR MANUAL REMOVAL with Magill Forceps.				X	
REASSESS: repeat basic airway maneuvers until obstruction is cleared or the patient becomes unconscious.	X	X	X	X	
SECURE AIRWAY: consider ETI or SGA. If object not visible or lodged below the cords and patient in respiratory failure.				X	
NEEDLE CRICOTHYROTOMY: if unable to intubate, Quicktrach device. Ventilate with high flow oxygen.				X	
CONSIDER CAUSE – CROUP/EPIGLOTTIS					
POSITION OF COMFORT: minimize stress to patient.	X	X	X	X	
NEBULIZED SALINE: with high flow oxygen.				X	
EPINEPHRINE: 1:1,000 (1 mg/mL) 2.5 mg nebulized .					X
AVOID VISUALIZATION OF THROAT: unless ETI required.				X	
NEEDLE CRICOTHYROTOMY: Quicktrach device. Ventilate with high flow oxygen.				X	