AIRWAY OBSTRUCTION BY FOREIGN BODY (P10)

If there is a history of a febrile illness and copious drooling, strongly consider epiglottitis. If epiglottis is suspected and patient is ventilating adequately, transport immediately and avoid visualization of the airway.

	F	E	O	P	D
ASSESSMENT: look for signs of poor perfusion or respiratory distress (delayed capillary refill, diminished distal pulses, cool extremities, ALOC).	X	X	X	X	
OXYGEN: 100% by non-rebreather mask or blow-by.	X	X	X	X	
PULSE OXIMETRY: apply and monitor**.**		X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
CONSCIOUS PATIENT - ABLE TO SPEAK, COUGH OR CRY					
REASSURE PATIENT: encourage coughing.	X	X	X	X	
SUCTION: as needed to control secretions.	X	X	X	X	
CONSCIOUS PATIENT - UNABLE TO SPEAK, COUGH, OR CRY					
BACK BLOWS & CHEST THRUSTS: for patients < 1 year of age. Alternate back blows and chest thrusts with head inferior to chest.	X	X	X	X	
ABDOMINAL THRUSTS: for patients > 1 year of age.	X	X	X	X	
REASSESS: repeat basic airway maneuvers until obstruction is cleared or the patient becomes unconscious.	X	X	X	X	
UNCONSCIOUS PATIENT					
VISUALIZE AIRWAY: use laryngoscope and pediatric Magill Forceps. May finger sweep only if obstruction visible. Reassess airway prior to ventilation after each CPR cycle.				X	
CHEST THRUSTS/HP-CPR: 15:2 ratio, even if pulses are present.	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving.				X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.				X	
NEEDLE CRICOTHYROTOMY: if unable to ventilate with SGA • Quicktrach Child device for patients 10-35 kg (22-77 lbs). • Quicktrach device for patients > 35 kg (> 77 lbs). • 14 – 18G catheter for patients < 10kg (< 22 lbs). • Ventilate with high flow oxygen.				X	

Refer to RESPIRATORY DISTRESS (P15).

NOTE: Transport patient immediately to the closest receiving hospital if unable to clear obstruction or otherwise establish an airway. All patients should be transported to a receiving hospital regardless of airway maneuvers.