

	<b>Department Name</b> <b>Address</b>	<b>ALS</b>	<b>Paramedic</b>
		<b>Revision #</b>	
		<b>Implementation Date</b>	
<b>Protocol</b>	<b>2.1.5 Obstructed Airway</b>	<b>Last Reviewed/Update Date</b>	
<b>Author / Owner</b>		<b>Medical Director</b>	

Causes of upper airway obstruction include: tongue, foreign bodies, swelling, and trauma to airway. Identifying the cause of upper airway obstruction is essential to determining treatment. The treatment goal of the patient that is choking is to relieve the patient of the obstruction, provide adequate oxygenation, and provide support and timely transport to the appropriate facility.

1. Baseline care standard.
2. If patient is coughing or moving air, encourage coughing to clear the object.
3. If airway remains obstructed, perform the following for the removal of obstruction:
  - Administer standing abdominal thrusts until dislodged or patient becomes unconscious.
  - Once unconscious, lay patient supine and continue sequence of looking for the object, attempt to ventilate, CPR, until obstruction is dislodged.
4. If unable to dislodge a foreign body, visualize with laryngoscope and extract foreign body with Magill forceps. Use suction, if necessary, to clear airway.
5. Establish airway per Airway Management protocol. If unable to intubate and patient cannot be ventilated by other means, perform cricothyroidotomy.
6. If airway is cleared, administer O<sub>2</sub> 15L per minute via non-rebreather mask.
7. Establish an IV of Normal Saline TKO.
8. Transport with lights and sirens PRN.

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*Medical Director's Signature*

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*Date*

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