

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

**Airway Obstruction
Procedure**

An airway obstruction is life threatening and must be corrected immediately upon discovery.

1. If the patient has an obstructed airway and is still conscious:
 - a) Encourage the patient to cough.
 - b) Perform 5 abdominal thrusts or chest thrusts if the cough is unsuccessful.
 - c) Repeat until the obstruction is relieved or the patient becomes unconscious.
 - d) Administer oxygen at 15 L/min if the patient has a partial airway obstruction and is still able to breathe.

2. If the patient is unconscious:
 - a) Open the patient's airway and attempt to ventilate.
 - b) Reposition the head and reattempt to ventilate if initial attempt is unsuccessful.
 - c) Straddle the patient and perform 5 abdominal thrusts.
 - d) Perform visualized finger sweep of the patient's mouth and reattempt to ventilate.
 - e) Repeat steps (c) and (d) if obstruction persists.
 - f) **BLS & ILS** immediately initiate ALS intercept.
 - g) **ILS & ALS** attempt direct extraction via laryngoscope and Magill forceps.
 1. Use the laryngoscope and examine the upper airway for foreign matter and suction as needed.
 2. Remove any foreign objects with forceps and suction.
 3. Re-establish an open airway and attempt to ventilate.
 4. If the obstruction is relieved, continue with airway control, ventilations, assessment and care.
 - h) Continue abdominal thrust sequence if unable to relieve obstruction and expedite transport.

Critical Thinking Elements

- Maintain in-line c-spine stabilization using 2 EMTs in patients with suspected cervical spine injury.
- Poor abdominal thrust technique, inappropriate airway maneuvers, and/or failure to recognize an obstructed airway will complicate the patient's condition.