Pediatric 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 (5 back blows & 5 chest thrusts in the infant) 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)** Perform 5 abdominal thrusts (5 back blows/chest thrusts in the infant).
   - **d)** Remove object if visualized. **Do not perform a blind finger sweep of the patient's mouth**. Reattempt to ventilate.
   - **e)** Repeat step (c) 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 thrusts (or back blows/chest thrusts) 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/chest thrust technique, inappropriate airway maneuvers, and/or failure to recognize an obstructed airway will complicate the patient's condition.