101

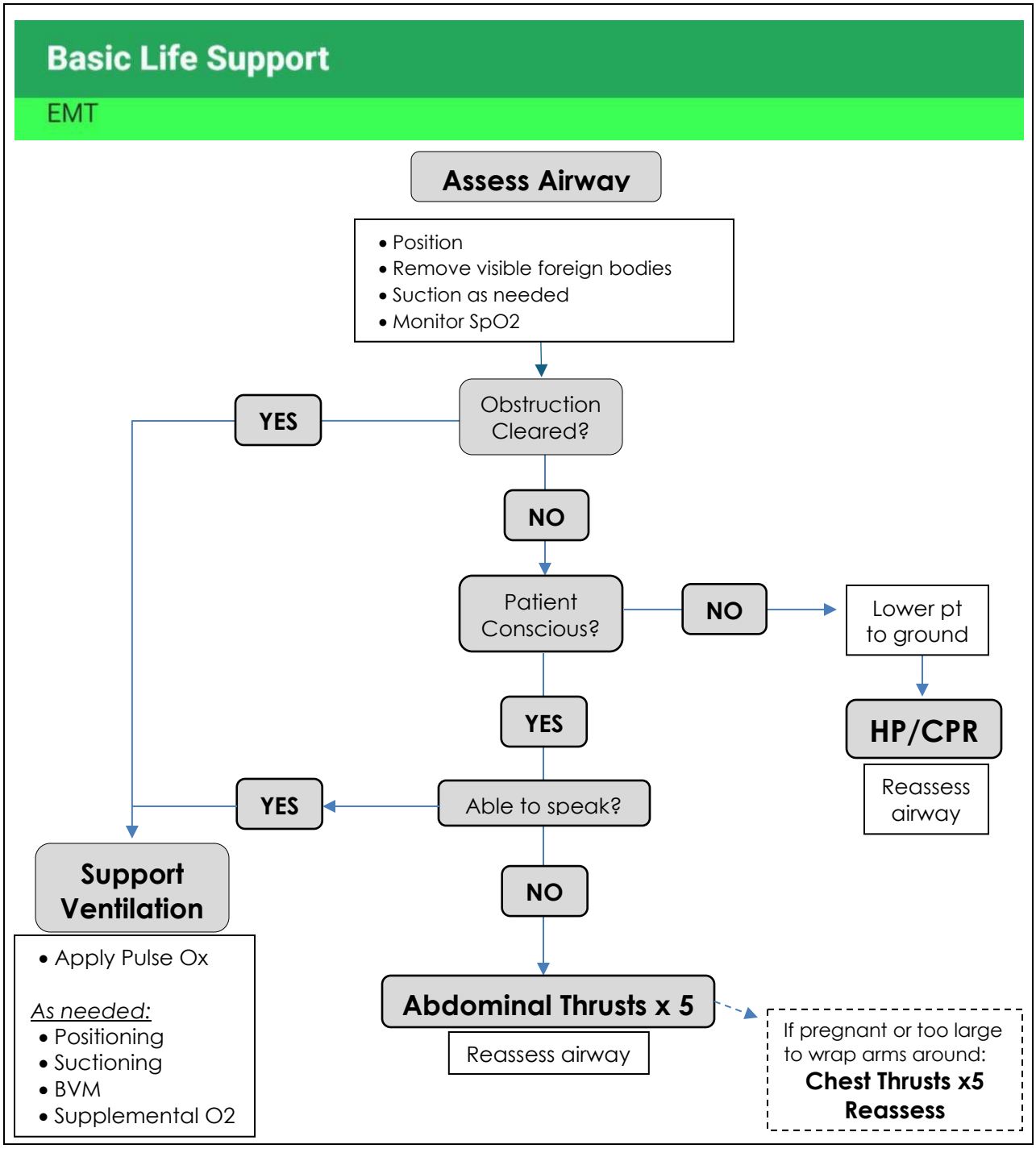
AIRWAY OBSTRUCTION

REVISION: 04/25

(Signature On-file)
David Duncan, EMS Agency Medical Director

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing. If the patient is in distress, immediate rapid transport is preferred with treatment performed en route.*

ADULT



Advanced Life Support

Paramedic

Direct Laryngoscopy

- Attempt to visualize foreign body
- If visualized, remove with Magill forceps
- Monitor ETCO2 (*Cardiac monitor when able*)
- Establish IV/IO (*when able*)

No visible obstruction? Consider clinical presentation

Suspected ANAPHYLAXIS

Follow Protocol: **ALLERGIC REACTION/ ANAPHYLAXIS (102)**

PERSISTENT OBSTRUCTION

Partial (STRIDOR)? or **Complete** (no sounds)?

Complete

Epinephrine 1:1000 0.5mg IM

Reassess airway

Follow Procedure: **NEEDLE CRICOTHYROIDOTOMY (816)**

PARTIAL

Epinephrine 1:1000 5mg in 5ml Nebulized

Repeat x1 in 10 min

Reassess airway

OBSTRUCTED TRACHEOSTOMY

- Attempt suctioning
- Remove inner cannula
- Clean with saline if present
- If positive-pressure ventilation required, replace inner cannula.

If obstruction not relieved:

- Remove entire tracheostomy tube and replace with new tracheostomy tube or 6mm ETT.
- May consider use of bougie if trach/ETT not passing easily.
  NOTE: 6.5 ETT may be needed when using bougie, as 6.0 may be too tight.

If new tube cannot be placed:

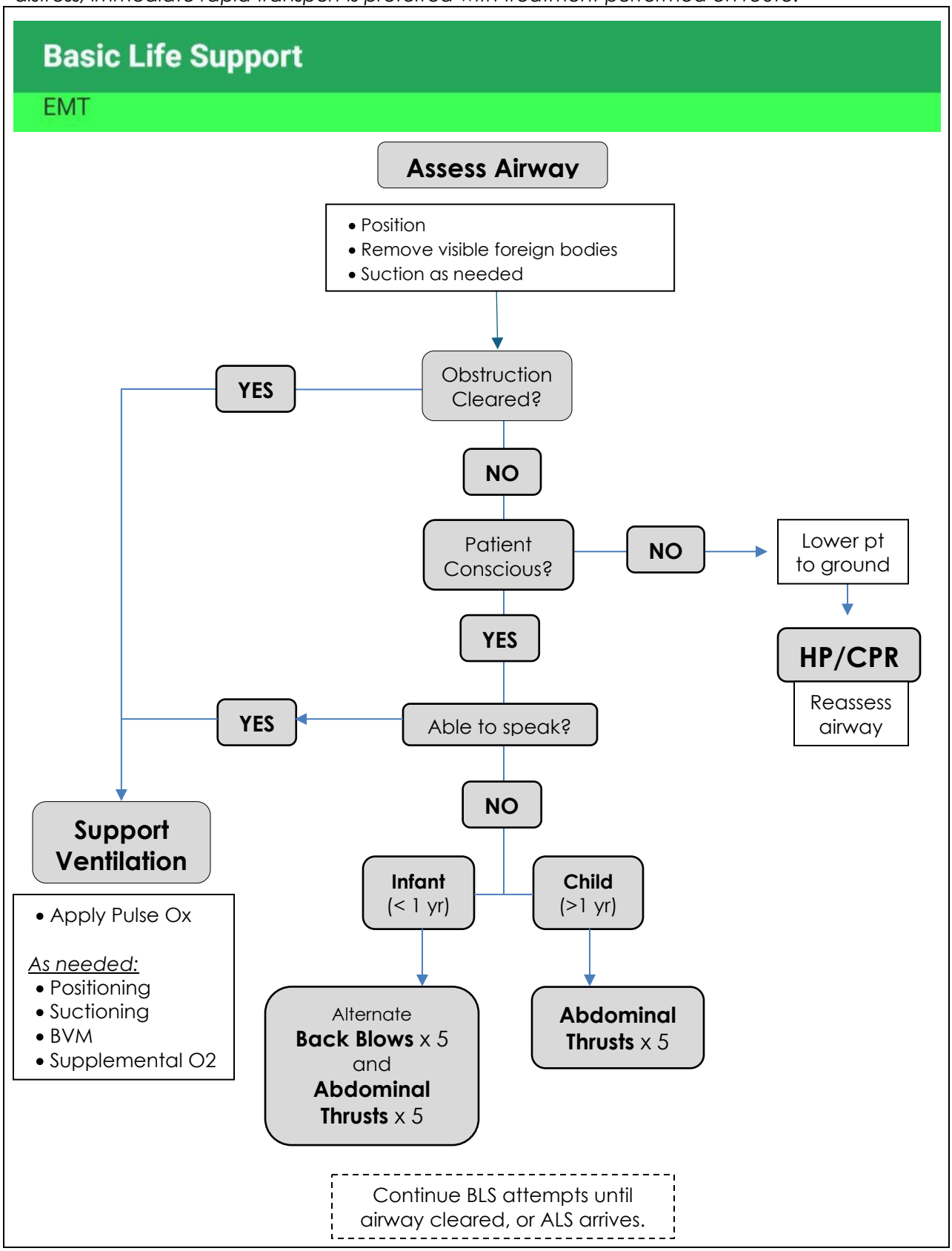
- Cover stoma and attempt BVM over mouth/nose

If no chest rise:

- Attempt BVM over stoma w/ small mask
- Place SGA or intubate

PEDIATRIC

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing. If the patient is in distress, immediate rapid transport is preferred with treatment performed en route.*



Advanced Life Support

Paramedic

Direct Laryngoscopy

- Attempt to visualize foreign body
- If visualized, remove with Magill forceps
- Monitor ETCO2 (*Cardiac monitor when able*)
- Establish IV/IO (*when able*)

If no foreign body obstruction seen, consider clinical presentation . . .

Suspected ANAPHYLAXIS

Follow Protocol: **ALLERGIC REACTION/ ANAPHYLAXIS (102)**

PERSISTENT OBSTRUCTION

Partial (STRIDOR concerning for Croup/Tracheitis)? or **Complete**

COMPLETE

Epinephrine 1:1000 0.01mg/kg IM Not to exceed 0.5mg

Repeat q 10 min PRN x3

Follow Procedure: **NEEDLE CRICOTHYROIDOTOMY (816)**

PARTIAL

Epinephrine 1:1000 2.5mg in 2.5ml nebulized

Repeat x1 in 10 min PRN

If no improvement, consider…

Epinephrine 1:1000 0.01mg/kg IM Not to exceed 0.5mg

OBSTRUCTED TRACHEOSTOMY

- Attempt suctioning
- Remove inner cannula
- Clean with saline if present
- If positive-pressure ventilation required, replace inner cannula.

If obstruction not relieved:

Age < 7yr:
Cover stoma and attempt BVM via mouth first. If no chest rise, attempt BVM over stoma with small mask.

Age >/= 7 yr:
Consider replacement of same size trach tube or 5.0 - 6.0mm ETT in stoma.