

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 510.12 Page: 1 of 2
Subject:	Basic Life Support (BLS) Protocols AIRWAY OBSTRUCTION	
References:	California Administrative Code, Title 22, Division 9, Chapter 2	Effective: 11/15/83

I. TREATMENT

- A. Treatment of partial obstruction victim, usually in distress but is moving some air, is conscious, can usually talk.
1. Calm patient – Do not examine throat. Do not attempt to dislodge.
 2. Do not allow patient to walk or run.
 3. Administer oxygen low flow 6 liters/minute by nasal cannula.
 4. Keep oropharynx clear of secretions. Suction secretions as needed, but do not examine throat.
 5. STAT transport.
 6. Transport in position of comfort if awake and partially obstructed.
- B. Treatment of complete airway obstruction.
1. Conscious victim – Definitions: Patient awake, cyanotic, moving little or no air, unable to speak.
 - a. Ask victim to speak or cough.
 - b. If not able to speak or cough: perform subdiaphragmatic abdominal thrusts (chest thrusts in the markedly obese or late stages of pregnancy. In infants less than 1 year - 5 back blows with patient in a dependent position followed by 5 chest thrusts).
 - c. Re-Check airway (speak or cough).
 - d. Transport Code 3. Consider STAT transport without lights and sirens in a conscious patient due to the anxiety it can create for the patient.

Approved By: EMS Division Manager	Signatures on File at EMS Agency	Revision: 3/3/2008
EMS Medical Director	Signatures on File at EMS Agency	

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- e. Repeat steps a – c.

NOTE: Time from collapse to ALS is critical. Consider rendezvous with ALS unit enroute to hospital.

2. Unconscious Victim

- a. Open airway, position head (jaw thrust, chin lift), attempt to ventilate.
- b. Remove obstruction **if visible** with finger sweep.
- c. If unable to ventilate, reposition the airway, attempt to ventilate.
- d. If still unable to ventilate, begin chest compressions.
- e. If still obstructed, transport Code 3.
- f. Repeat sequence enroute to hospital.

NOTE: None of the above process should delay transport.

II. SPECIAL CONSIDERATIONS

- A. Complete airway obstructions must be relieved rapidly at the scene. Transport lights/siren any patient who remains obstructed or is in severe distress, cyanotic, or with decreased mental status.
- B. Consider causes:
 1. Foreign body
 2. Croup/Epiglottitis
 3. Trauma
 4. Anaphylaxis