CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES

Manual Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.17 Page 1 of 2
Subject Paramedic Treatment Protocols **AIRWAY OBSTRUCTION – FOREIGN BODY**	
References Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS

1. Assessment	Determine partial or complete obstruction

PARTIAL AIRWAY OBSTRUCTION

1. Calm patient	Do not examine throat. Do not attempt to dislodge the foreign body.
2. Oxygen	Low flow. Refer to EMS Policy #530.02.
3. Suction	Gently keep secretions from pooling in the oropharynx.
4. Monitor	Treat rhythm if appropriate.
5. Transport	In position of comfort.
6. IV Access	Saline lock. If it can be accomplished without agitating patient.
7. Contact Hospital	Per EMS Policy #530.02.

COMPLETE AIRWAY OBSTRUCTION – UNABLE TO SPEAK

1. **Conscious** patient	Definitions: Patient awake, cyanotic, moving little or no air, unable to speak.
a. Airway	Ask victim to speak or cough.
b. Abdominal Thrusts	If not able to speak or cough, perform subdiaphagmatic 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. Check Airway	Speak or cough.

STANDING ORDERS - CONTINUED ON NEXT PAGE

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

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STANDING ORDERS (CONTINUED)	
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.
e. If unsuccessful	Repeat steps a – c.
2. **Unconscious** patient	
a. Airway	Open airway, position head, attempt to ventilate.
b. Clear mouth	Remove obstruction **if visible** with finger sweep.
c. Attempt ventilations	If still obstructed, visualize with laryngoscope, remove object with Magill Forceps. Do not persist more than one minute.
d. Chest Compressions	If still unable to ventilate, begin chest compressions.
e. If unsuccessful	Repeat the sequence of basic maneuvers and visualize.
3. Transtracheal Jet Insufflation for complete airway obstruction	Ventilate – 100% Oxygen with anesthesia adapter via OPBD. Do not use OPBD in children under 12 years of age – use bag-valve-mask.
4. STAT Transport	
5. Contact Hospital	Per EMS Policy #530.02.

SPECIAL CONSIDERATION AND PRIORITIES

1. Transport lights/siren any patient who remains obstructed or is in severe distress, cyanotic, or with decreased mental status.

2. Consider causes:

   a. Foreign body – abdominal thrust, finger sweep, laryngoscopy and manual removal.

   b. Croup/Epiglottis – position of comfort, consider humidified or nebulized oxygen with the highest flow rate tolerated. Avoid visualization of throat unless tracheal intubation is required.

   c. Trauma – suction, intubate if indicated.

   d. Anaphylaxis – refer to Anaphylaxis protocol.