

BLS

ALS

<p>For a <u>conscious</u> patient:</p> <ul style="list-style-type: none">• Reassure, encourage coughing• O₂ prn <p>For inadequate air exchange: airway maneuvers (AHA)</p> <ul style="list-style-type: none">• Abdominal thrusts• Use chest thrusts in the obese or pregnant patient <p>NOTE: 5 Back Blows and Chest thrusts for infants <1 year. MR prn</p> <p><u>If patient becomes unconscious OR is found unconscious:</u> Begin CPR</p> <p><u>Once obstruction is removed:</u></p> <ul style="list-style-type: none">• O₂ Saturation prn• High flow O₂, ventilate prn <p>NOTE: If suspected epiglottitis:</p> <ul style="list-style-type: none">• Place patient in sitting position• Do not visualize the oropharynx <p>STAT transport Treat as per Respiratory Distress Protocol S-167.</p>	<p><u>If patient becomes unconscious or has a decreasing LOC:</u></p> <p>Direct laryngoscopy and Magill forceps <u>SO</u>. MR prn</p> <p><u>Once obstruction is removed:</u></p> <p>Monitor EKG</p> <p>IV/IO <u>SO</u> adjust prn</p>
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Note: If unable to secure airway, transport STAT while continuing CPR (unconscious patient).

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Approved:



EMS Medical Director