

PEDIATRIC TREATMENT PROTOCOL

S-160

AIRWAY OBSTRUCTION

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BLS ALS

For conscious patient

- Reassure, encourage coughing
- O₂ PRN

For inadequate air exchange

Airway maneuvers (AHA)

- Abdominal thrusts
- For obese or pregnant patients, perform chest thrusts
- For infants <1 year, perform 5 back blows and 5 chest thrusts, MR PRN

If patient found or becomes unconscious

• Begin CPR

Once obstruction is removed

- Ventilate with high-flow O2 PRN
- O₂ saturation

If suspected epiglottitis

- Place patient in sitting position
- Do not visualize the oropharynx

Treat per Respiratory Distress Protocol (S-167)

If patient becomes unconscious or has a decreasing LOC

- Direct laryngoscopy and Magill forceps SO, MR PRN
- Capnography SO PRN

Once obstruction is removed

- Monitor/EKG
- IV/IO SO

Note: If unable to ventilate effectively, transport immediately while continuing CPR (unconscious patient)