

Subject: Treatment Guidelines – BLS
Airway Obstruction/Partial Airway Obstruction Adult, Child and Infant

Associated Policies:

- I. Priorities
 - A. ABC's.
 - B. If complete airway obstruction, proceed to obstructed airway treatment.
 - C. Rapid transport, if unconscious or conscious with progressive symptoms.

- II. Airway Obstruction
 - Mechanical upper airway obstruction/partial airway obstruction.
 - A. Conscious Adult/Child (older than 1 year of age) Patient (Able to Speak):
 - 1. Look for universal signal of choking: Patient has both hands wrapped around the base of their throat.
 - 2. Ask the patient if they are choking.
 - 3. Partial airway obstruction may result in stridor or high-pitched audible noise during respirations.
 - 4. Partial airway may allow for a productive cough or allow the patient to speak.
 - 5. DO NOT ATTEMPT abdominal thrusts.
 - 6. Allow the patient to maintain a position of comfort.
 - 7. Provide oxygen per Policy # 6030.

 - B. Conscious Adult/Child (older than 1 year of age) Patient (Unable to Cough or Speak):
 - 1. Look for universal signal of choking: Patient has both hands wrapped around the base of their throat.
 - 2. Ask the patient if they are choking, if unable to speak or cough patient has a complete airway obstruction.
 - 3. Perform abdominal thrusts.
 - 4. Provide abdominal thrusts until the obstruction is removed or patient becomes unconscious.
 - 5. Once the object has been removed allow the patient to maintain a position of comfort.
 - 6. Provide oxygen per Policy # 6030.

 - C. Adult or Child (older than 1 year of age) Patient Who Becomes Unconscious or is found unconscious with history of choking:
 - 1. Initiate Cardiopulmonary resuscitation.
 - 2. Check airway prior to ventilations for the possible obstruction.
 - 3. Remove object only if visual.
 - 4. Continue sequence of CPR see Policy # 6005.

 - D. Infant (less than 1 year of age) with Partial Obstruction:
 - 1. Partial airway obstruction may result in stridor or high-pitched

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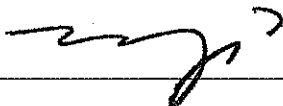
Associated Policies:


- audible noise during respirations.
2. Partial airway may allow for a productive cough or allow the patient to speak.
3. DO NOT ATTEMPT back blows or abdominal thrusts.
4. Place patient upright position.
5. Provide oxygen per Policy # 6030.

E. Infant (less than 1 year of age) with complete Airway Obstruction conscious:

With complete airway obstruction, the infant is unable to speak, cry or provide any sounds of respirations. The infant may be confused, weak, obtunded or cyanotic.

1. Position patient for back blows.
2. Provide 5 back blows.
3. Rotate patient face up and provide 5 chest thrusts.
4. Continue to cycle between back blows and chest thrusts until the obstruction is removed or until patient loses consciousness.
5. Once the obstruction is relieved, provide oxygen per Policy # 6030.
6. If consciousness is lost, initiate CPR per Policy # 6005.
7. Before attempting rescue breathing, assess the airway and remove any visually present obstruction.
8. Notify receiving hospital early of a compromised airway.

Approved:  Date: 4-16-20

Approved as to Form:  Date: 4-16-20