NORTH COAST EMERGENCY MEDICAL SERVICES

POLICIES AND PROCEDURES

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Subject: Treatment Guidelines – ALS

Airway Obstruction

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.

- A. Conscious Adult/Child/Infant Patient (Able to Speak/Cry):
 - 1. Follow BLS airway obstruction protocol Policy# 6029.
- B. Conscious Adult/Child/Infant Patient with Complete Obstruction Unable to Cough or Speak/Cry):
 - 1. Follow BLS airway obstruction protocol Policy # 6029.
 - 2. If still obstructed, visualize the airway with laryngoscopy attempt to remove the obstruction with Magill forceps.
 - 3. Attempt to ventilate.
 - 4. Repeat the above sequence, if still obstructed.
 - 5. If unable to remove the obstruction perform Needle cricothyrotomy per Policy # 5430.
- C. Adult/Child/Infant Patient Who Becomes Unconscious or found unconscious:
 - 1. Follow BLS airway obstruction protocol Policy # 6029.
 - 2. If still obstructed, visualize the airway with laryngoscopy and remove the obstruction with Magill forceps.
 - 3. Attempt to ventilate.
 - 4. Repeat the above sequence, if still obstructed.
 - 5. If unable to remove obstruction perform Needle cricothyrotomy per Policy # 5430.