

Subject: Treatment – All Providers
Foreign Body Airway Obstruction (FBAO)

I. PURPOSE

To provide standardized assessment and treatment for patients with suspected or confirmed foreign body airway obstruction using current AHA-aligned practices.

II. DEFINITIONS

- A. Mild Obstruction: Effective cough, air movement present.
- B. Severe Obstruction: Ineffective or absent cough, inability to speak/cry, silent airway, cyanosis.

III. CLINICAL INDICATORS

- A. Mild: Forceful cough, able to speak, wheezing.
- B. Severe: Silent airway, inability to speak, cyanosis, universal choking sign.

IV. MANAGEMENT – BLS (EMT, PSFA, First Responders)

- A. Mild Obstruction: Encourage coughing, monitor.
- B. Severe Obstruction (All Ages ≥ 1 year):
 - 1. 5 Back Blows
 - 2. 5 Abdominal Thrusts (or chest thrusts if pregnant/obese)
 - 3. Repeat cycle until resolved or unconscious
- C. Infants (<1 year):
 - 1. 5 Back Blows + 5 Chest Thrust
- D. Unconscious:
 - 1. Start CPR
 - 2. Remove visible objects only
 - 3. No blind finger sweeps

V. MANAGEMENT – ALS (Paramedic)

- A. Airway assessment with SpO₂/EtCO₂.
- B. Continue BLS maneuvers.
- C. Direct laryngoscopy with Magill forceps
- D. Advanced airway as needed
- E. Cricothyrotomy if unable to ventilate

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VI. POST-OBSTRUCTION CARE

- A. Assess airway trauma and aspiration
- B. Oxygen therapy
- C. Continuous monitoring Transport

VII. DOCUMENTATION

- A. Type of obstruction
- B. Interventions performed
- C. Outcome
- D. Patient response

VIII. QUALITY IMPROVEMENT (QIP) TRIGGERS

- A. Failure to recognize or appropriately treat severe airway obstruction
- B. Deviation from approved FBAO procedures (e.g., incorrect technique, blind finger sweep)
- C. Failure to escalate care to ALS or delayed advanced airway intervention
- D. Any case requiring advanced airway intervention (Magill forceps, intubation, or cricothyrotomy)
- E. Cardiac arrest or unexpected deterioration associated with airway obstruction