AIRWAY OBSTRUCTION - ADULT

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Universal sign of distress.

- Alteration in respiratory effort and/or signs of obstruction.

- Altered level of consciousness.

II. BLS INTERVENTION

RESPONSIVE

- Assess for ability to speak or cough (e.g., "Are you choking?").

- If unable to speak, administer abdominal thrusts (if the rescuer is unable to encircle the victim's abdomen or the patient is in the late stages of pregnancy, utilize chest thrusts) until the obstruction is relieved or patient becomes unconscious.

- After obstruction is relieved, reassess and maintain ABC's.

- Administer oxygen therapy; obtain oxygen saturation.

- If responsive, place in position of comfort. If uninjured but unresponsive with adequate respirations and pulse, place on side in recovery position.

UNRESPONSIVE

- Position patient supine (for suspected trauma, maintain in-line spinal motion restriction).

- Begin immediate CPR at a 30:2 ratio for two (2) minutes.

- Each time the airway is opened to ventilate, look for an object in the victim's mouth and if found, remove it.

- If apneic and able to ventilate, provide one (1) breath every five (5) to six (6) seconds.

- Place AED on patient.

III. LIMITED ALS (LALS) INTERVENTION

UNRESPONSIVE

- If apneic and able to ventilate, establish advanced airway.

- Establish vascular access as indicated.

IV.   **ALS INTERVENTION**

UNRESPONSIVE

- If apneic and able to ventilate, establish advanced airway.

- If obstruction persists, visualize with laryngoscope and remove visible foreign body with Magill forceps and attempt to ventilate.

- If obstruction persists and unable to ventilate, consider Needle Cricothyrotomy, refer ICEMA Reference #11020 - Procedure - Standard Orders.

V.   **REFERENCE**

Number	Name
11020	Procedure - Standard Orders