	Department Name **Address**	**ILS**	**EMT/Intermediate**
		Revision #	
		Implementation Date	
Protocol	**3.2.5 Obstructed Airway - Pediatric**	**Last Reviewed/Update Date**	
Author / Owner		**Medical Director**	

Causes of upper airway obstruction include the tongue, foreign bodies, swelling, trauma to airway, and infections. Identifying the cause of upper airway obstruction is essential to determining treatment. The treatment goal of the patient that is choking is to relieve the patient of the obstruction, provide adequate oxygenation, provide support and timely transport to the appropriate facility.

1. Baseline care standard.

2. If patient is coughing or moving air, encourage coughing to clear the object.

3. If airway remains obstructed, perform the following for the removal of obstruction:
   - Administer standing abdominal thrusts until dislodged or patient becomes unconscious. (back blows and chest thrusts for infants only).
   - Once unconscious, lay patient supine and continue sequence of looking for the object, attempt to ventilate, CPR, until obstruction is dislodged.

4. If unable to dislodge a foreign body, visualize with laryngoscope and extract foreign body with Magill forceps. Use suction if necessary, to clear airway.

5. Establish airway per Airway Management protocol. If unable to intubate and patient cannot be ventilated by other means, perform cricothyroidotomy.

6. If airway is cleared, administer O_2 15L per minute via mask.

7. Establish an IV of Normal Saline TKO.

8. Call for ALS intercept and transport with lights and sirens PRN.

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Medical Director's Signature *Date*