

AIRWAY OBSTRUCTION

- A. Conscious Patient:
1. Able to talk or cough:
 - a. Reassure victim and encourage coughing.
 - b. Oxygen 15 LPM non-rebreather mask.
 2. Unable to talk or cough, or weak ineffective cough:
 - a. Deliver repeated abdominal thrusts until obstruction relieved or victim becomes unconscious. For patients < 1 year of age, do alternating 5 back blows and 5 chest thrusts.
 - b. Chest thrusts are preferred on advanced pregnancy and marked obesity.
 - c. Transport immediately and notify **Medical Command**.
- B. Unconscious:
1. Open airway and attempt ventilation.
 2. Reposition airway, if necessary, and attempt ventilation.
 3. Begin CPR starting with compressions.
 4. Finger sweep for foreign body if visible. **DO NOT perform finger sweep on patients < 8 years of age.**
 5. Repeat steps 1 - 5 above.
 6. If still obstructed, visualize with laryngoscope, remove obstruction with Magill forceps.
 7. If unsuccessful, transport immediately. Repeat steps 1 - 5 en route.
 8. **Contact Medical Command.**
 9. Consider *optional* **Percutaneous Cricothyrotomy Protocol 8401.** Refer to **Airway Management Protocol 4901.**

