

Treatment Protocols**Date: 02/01/2021****Airway Obstruction (Suspected or Confirmed Foreign Body) - Pediatric****Policy #9020P****Pediatric BLS Standing Orders**

- **Universal Patient Protocol**
- **Apply monitor and pulse oximetry**
- **Apply EtCO₂ if ALS is present/available**
- Follow Healthcare Provider procedures for conscious/unconscious patients appropriate to age
- **Oxygen or ventilate** – as needed to O₂ saturation of 95%
- Rapid transport
- Early ALS activation/rendezvous
- If obstruction due to traumatic injury go to **Trauma Protocol**

CONSCIOUS PATIENTS

For adequate airway exchange:

- Encourage coughing

For inadequate air exchange use airway maneuvers (AHA guidelines):

- Abdominal thrusts
- Use chest thrusts in the adult-sized obese or pregnant patient
- NOTE: Alternate five (5) back blows and chest thrusts for infants <1 year old

IF PATIENT IS UNCONSCIOUS OR BECOMES UNCONSCIOUS FOLLOWING FB ASPIRATION

- Begin CPR
- If there is no evidence of head or neck trauma, use the head tilt–chin lift maneuver to open the airway
- If trauma is suspected, use a jaw thrust to open the airway
- Remove any **visible** foreign material or vomitus from the mouth

Pediatric LALS Standing Order Protocol

- Establish IV as needed for medication administration

Pediatric ALS Standing Orders

- Apply and monitor EtCO₂ if not already applied
- Direct laryngoscopy and Magill forceps to remove object
- Airway control and intervention as possible per **Airway Policy**
- Establish IO as needed for medication administration
- Consider croup and epiglottitis with no known foreign body history, and history of fever/infection or persistent drooling. Keep patient in sitting position and decrease stressors to patient, transport immediately
- **If croup or epiglottitis is suspected, consider having parent hold oxygen near patient's face as necessary to decrease intervention and stress to patient**

Notes: Poor air exchange can be evidenced by:

- Increased breathing difficulty
- Silent cough
- Inability to speak or breathe
- Ask the patient “Are you choking”? If patient nods yes, suspect airway obstruction

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APPROVED:

Signature on File

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