

**Treatment Protocols****Date: 02/01/2021*****Airway Obstruction (Suspected or Confirmed Foreign Body) – Adult*****DRAFT Policy #9020A****Adult BLS Standing Orders**

- **Universal Patient Protocol**
- **Apply monitor and pulse oximetry**
- **Apply EtCO<sub>2</sub> if ALS is present/available**
- Follow healthcare provider procedures for conscious/unconscious patients appropriate to age
- **Oxygen or ventilate** – as needed to O<sub>2</sub> 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 obese or pregnant patient

**IF PATIENT IS UNCONSCIOUS OR BECOMES UNCONSCIOUS FOLLOWING FOREIGN BODY 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

**Adult LALS Standing Order Protocol**

- Establish IV as needed for medication administration

**Adult ALS Standing Order Protocol**

- Apply and monitor EtCO<sub>2</sub> if not already present
- Direct laryngoscopy and Magill forceps to remove object per **Airway Protocol**
- Airway control and intervention as possible per **Airway Protocol**
- Establish IO as needed for medication administration
- Consider 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 epiglottitis is suspected, consider holding 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

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***Airway Obstruction (Suspected or Confirmed Foreign Body) – Adult***

***DRAFT Policy #9020A***

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

APPROVED:

Signature on File

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