

**Treatment Protocols****Date: 07/01/2021*****Airway Obstruction (Suspected or Confirmed Foreign Body) - Pediatric*****Policy #9020P****Pediatric BLS Standing Orders**

- **Universal Patient Protocol**
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- 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
- Consider early base hospital contact for airway guidance and hospital notification
- If obstruction due to traumatic injury go to **Trauma Protocol #9230**

**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 patients
- For infants <1 year old: Alternate five (5) back blows and chest thrusts

**IF PATIENT IS UNCONSCIOUS OR BECOMES UNCONSCIOUS FOLLOWING FB ASPIRATION**

- Begin CPR per policy #7170
- 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 Orders**

- Establish IV as needed for medication administration
- Administer IV 20 ml/kg IV bolus for hypotension

**Pediatric ALS Standing Orders**

- Direct laryngoscopy and Magill forceps per **Airway Policy prn**
- Capnography
- Airway control and intervention per **Airway Policy prn**
- Monitor/EKG
- Establish IV/IO

**Notes**

- Consider croup and epiglottitis with no known foreign body history, and history of fever/infection or persistent drooling. Keep patient in seated 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**
  - With children that are not yet talking, but appear to have sudden difficulty breathing, consider foreign body aspiration.
- 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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