

Southern Illinois Regional EMS System

II-22 REMOVAL OF FOREIGN OBJECT WITH MAGILL FORCEPS

Policy:

- To establish guidelines for the removal of foreign objects in the unresponsive patient in whom abdominal thrusts or chest thrusts have been ineffective.

Equipment needed:

- Gloves, full face protection and any other PPE needed
- Resuscitation equipment:
 - Bag-valve-mask.
 - OPA and NPA airways.
 - Supraglottic airways
 - ET tubes
 - Syringe for cuff inflation.
 - Laryngoscope.
 - Blades with functioning bulbs.
 - Water soluble lubricant.
 - Oxygen.
 - Suction.
 - Stethoscope.

Procedure:

- Don PPE
- Assemble all necessary supplies and equipment.
- Determine that patient has a completely obstructed airway.
 - Patient findings:
 - Apenic
 - Aspiration was witnessed.
 - Aspiration highly suspected.
 - One sequence of ABC's followed by abdominal thrusts and finger sweep was unsuccessful.
- Position patient:
 - NON TRAUMATIZED PATIENT:
 - Place patients head into the "sniffing" position.
 - Place a small towel under the occiput to lift head slightly without hyperextension.
 - POTENTIALLY TRAUMATIZED PATIENT:
 - Have a second rescuer stabilize the neck in a neutral position from below during the entire process and until cervical spine is immobilized.
- Carefully insert the blade into the patient's mouth following the natural curvature of the tongue.
- Visualize the hard palate and uvula as you "track through" the oral pharynx.
 - A common mistake is to insert the full length of the laryngoscope blade beyond the epiglottis making it difficult to visualize landmarks.
- On arrival at the posterior pharynx, lift the tip of the blade.
 - The epiglottis should now be visible.
 - If using the straight blade:
 - The epiglottis is lifted to visualize the vocal cords.

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- If using a curved blade:
 - The blade tip is inserted into the vallecula and then lifted higher to visualize the vocal cords
- Lift the handle forward and anteriorly to avoid using the teeth as a fulcrum.
- When the obstruction is visualized:
 - Use the magill forceps in your right hand and gently bring the obstruction out of the lower airway.
- Place ET tube and ventilate with bag-valve-adapter.
- If the obstruction is too distal in the lower airway:
 - Needle cricothyrotomy may have to be immediately performed.
- Suction any small particles or liquid from the posterior airway.
- Continuously reassess the patient's condition and ET tube placement.