

Southern Illinois Regional EMS System

II-22 REMOVAL OF FOREIGN OBJECT WITH MAGILL FORCEPS

1. Policy:
 - 1.1. To establish guidelines for the removal of foreign objects in the unresponsive patient in whom abdominal thrusts or chest thrusts have been ineffective.
2. Equipment needed:
 - 2.1. Gloves and full face protection.
 - 2.2. Resuscitation equipment:
 - 2.2.1. Bag-valve-mask.
 - 2.2.2. OP airways.
 - 2.2.3. ET tubes
 - 2.2.4. Syringe for cuff inflation.
 - 2.2.5. Laryngoscope.
 - 2.2.6. Blades with functioning bulbs.
 - 2.2.7. Water soluble lubricant.
 - 2.2.8. Oxygen.
 - 2.2.9. Suction.
 - 2.2.10. Stethoscope.
3. Procedure:
 - 3.1. Put on gloves and full face protection.
 - 3.2. Assemble all necessary supplies and equipment.
 - 3.3. Determine that patient has a completely obstructed airway.
 - 3.3.1. Patient is:
 - 3.3.1.1. Apnic
 - 3.3.1.2. Aspiration was witnessed.
 - 3.3.1.3. Aspiration highly suspected.
 - 3.3.2. One sequence of ABC's followed by abdominal thrusts and finger sweep was unsuccessful.
 - 3.4. Position patient:
 - 3.4.1. **NON TRAUMATIZED PATIENT:**
 - 3.4.1.1. Place patients head into the "sniff" position.
 - 3.4.1.1.1. Place a small towel under the occiput to lift head slightly without hyperextension.
 - 3.4.2. **POTENTIALLY TRAUMATIZED PATIENT:**
 - 3.4.2.1. Have a second rescuer stabilize the neck in a neutral position from below during the entire process and until cervical spine is immobilized.
 - 3.5. Carefully insert the blade into the patient's mouth following the natural curvature of the tongue.
 - 3.5.1. Visualize the hard palate and uvula as you "track through" the oral pharynx.
 - 3.5.2. A common mistake is to insert the full length of the laryngoscope blade beyond the epiglottis making it difficult to visualize landmarks.
 - 3.6. On arrival at the posterior pharynx, lift the tip of the blade.
 - 3.6.1. The epiglottis should now be visible.
 - 3.6.1.1. If using the straight blade:
 - 3.6.1.1.1. The epiglottis is lifted to visualize the vocal cords.
 - 3.6.1.2. If using a curved blade:
 - 3.6.1.2.1. The blade tip is inserted into the vallecula and then lifted higher to visualize the vocal cords.

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- 3.7. Lift the handle forward and anteriorly to avoid using the teeth as a fulcrum.
- 3.8. When the obstruction is visualized:
 - 3.8.1. Use the magil forceps in your right hand and gently bring the obstruction out of the lower airway.
 - 3.8.2. Place ET tube and ventilate with bag-valve-adapter.
 - 3.8.3. If the obstruction is too distal in the lower airway:
 - 3.8.3.1. Cricothyrotomy may have to be immediately performed.
- 3.9. Suction any small particles or liquid from the posterior airway.
- 3.10. Continuously reassess the patient's condition and tube placement.