

# Southern Illinois Regional EMS System

## EE-20 AIRWAY OBSTRUCTION

### ALS/ILS/BLS

#### General Principles:

- Patient assessment and initial medical care
- Determine responsiveness and ability to speak
- Ask the patient if they are choking
- Position patient to open airway:
  - If unconscious:
    - Use head tilt/chin lift
  - If possible c-spine injury:
    - Use modified jaw thrust
- Assess breathlessness and degree of airway impairment
- Monitor for cardiac dysrhythmias and/or arrest
- Do not delay transport

#### Conscious and Able to Speak:

- If the patient is coughing, sneezing, verbalizing, or moving an adequate amount of air:
  - Do not interfere with patient's own attempts to clear their airway

#### Conscious and Cannot Speak:

- 5 abdominal thrusts (Heimlich maneuver) with victim standing or sitting.
- 5 chest thrusts if patient in 2<sup>nd</sup> – 3<sup>rd</sup> trimester of pregnancy or morbidly obese.
  - Repeat, if no response
- If successful, complete initial medical care and transport.
- Still Obstructed:
  - Continue previous steps while en-route until foreign body expelled or patient becomes unconscious
- Rapid transport
- (ALS/ILS) Contact Medical Control
- (BLS) Consider ALS intercept

#### Unconscious – ALS/ILS:

- Attempt to ventilate.
- If obstructed:
  - Visualize airway with laryngoscope and attempt to clear using forceps and/or suction per the removal of foreign object with Magill forceps protocol
- Still obstructed:
  - 5 abdominal thrusts (Heimlich maneuver)
  - 5 chest thrusts if patient in 2<sup>nd</sup> – 3<sup>rd</sup> trimester of pregnancy or morbidly obese
  - Repeat, if no response
- Still obstructed:
  - Attempt forced ventilation

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## EE-20 AIRWAY OBSTRUCTION (continued)

- Still obstructed:
  - ALS:
    - Perform needle cricothyrotomy per protocol
      - Ventilate with 100% oxygen/BVM
      - Rapid transport

### Note:

- Anytime the efforts to clear the airway are successful:
  - Continue medical care
  - Monitor the patient and interventions
  - Rapid transport