AIRWAY OBSTRUCTION

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Presence of upper respiratory infection, sore throat, fever, stridor or drooling
- Mechanical upper airway obstruction with history of food aspiration (especially if elderly)

CRITICAL INFORMATION

- Ability to speak
- Ability to manage secretions

TREATMENT

- ALS RMC
- Visualize airway
- Suspected mechanical upper airway obstruction; Conscious patient- able to speak:
  - Suctioning if needed to control secretions
  - Transport in position of comfort, avoid agitating patient
- Suspected mechanical upper airway obstruction; Conscious patient-unable to cough or speak:
  - Ask the patient if he/she is choking
  - Administer abdominal thrusts/Heimlich maneuver until the foreign body is expelled or the patient becomes unconscious
  - After obstruction is relieved, reassess airway, lung sounds, skin color and vital signs
- Unconscious patient:
  - Perform a tongue-jaw lift followed by finger sweep to remove object
  - Begin CPR
  - Prepare to use Magill forceps if BLS not effective
- Suspected epiglottitis
  - Transport in an upright sitting position
  - If patient deteriorates or the airway becomes completely obstructed, attempt positive pressure ventilation via BVM. Endotracheal intubation should be performed only if BVM is inadequate.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Frequent pulse oximetry recordings