**AIRWAY OBSTRUCTION**

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

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**Able to Speak**
- Suction as needed to control secretions
- Transport in position of comfort
- Avoid agitating patient

**Unable to Cough or Speak**
- Ask patient if they’re choking
- Administer abdominal thrusts/Heimlich maneuver until foreign body is expelled or patient becomes unconscious
- After obstruction is relieved reassess:
  - Airway
  - Lung sounds
  - Skin color
  - Vital signs

**Unconscious**
- Perform tongue-jaw lift followed by finger sweep to remove object
- Begin CPR
- Prepare to use Magill forceps to retrieve foreign body

**Suspected Epiglottitis**
- Transport in upright position
- If patient deteriorates or the airway becomes obstructed, attempt positive pressure ventilation via BVM.
- **PHYSICIAN CONSULT** for endotracheal intubation only if BVM is inadequate