Adult BLS Standing Orders

- **Universal Patient Protocol**
- Follow healthcare provider procedures for conscious/unconscious patients appropriate to age
- **Oxygen or ventilate** – as needed to O2 saturation of 95%
- **Rapid transport**
- Early ALS activation/rendezvous
- If obstruction due to traumatic injury go to **Trauma Protocol**

CONSCIOUS PATIENTS

For adequate airway exchange:

- Encourage coughing

For inadequate air exchange use airway maneuvers (AHA guidelines):

- Abdominal thrusts
- Use chest thrusts in the obese or pregnant patient

IF PATIENT IS UNCONSCIOUS OR BECOMES UNCONSCIOUS FOLLOWING FOREIGN BODY ASPIRATION

- Begin CPR per policy
- If there is no evidence of head or neck trauma, use the head tilt–chin lift maneuver to open the airway
- If trauma is suspected, use a jaw thrust to open the airway
- Remove any **visible** foreign material or vomitus from the mouth

Adult LALS Standing Orders

- Establish IV PRN
- Continuous capnography required
- For hypotension, reference **Shock Protocol**

Adult ALS Standing Orders

- Direct laryngoscopy and Magill forceps per **Airway Policy** PRN
- Continuous capnography required
- Airway control and intervention as possible per **Airway Policy**
- Apply monitor and obtain 12 lead EKG
- Establish IV/IO

Notes

- Consider epiglottitis with no known foreign body history, and history of fever/infection or persistent drooling. Keep patient in sitting position and decrease stressors to patient, transport immediately
- **If epiglottitis is suspected, consider holding oxygen near patient's face as necessary to decrease intervention and stress to patient**

Poor air exchange can be evidenced by:

- Increased breathing difficulty
- Silent cough
- Inability to speak or breathe
- Ask the patient "Are you choking?" If patient nods yes, suspect airway obstruction

APPROVED:

Signature on File
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