Treatment Protocols **Date: 07/01/2023**

Airway Obstruction (Suspected or Confirmed Foreign Body) - Pediatric **Policy #9020P**

Pediatric 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%
- Continuous capnography required
- Rapid transport
- Early ALS activation/rendezvous
- Consider early base hospital contact for airway guidance and hospital notification
- 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 adult-sized obese or pregnant patients
- For infants <1 year old: Alternate five (5) back blows and chest thrusts

IF PATIENT IS UNCONSCIOUS OR BECOMES UNCONSCIOUS FOLLOWING FB ASPIRATION

- Begin CPR per policy #7170
- 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

Pediatric LALS Standing Orders

- Establish IV as needed for medication administration
- Continuous capnography required
- For hypotension, reference **Shock Protocol**

Pediatric ALS Standing Orders

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

Notes

- Consider croup and epiglottitis with no known foreign body history, and history of fever/infection or persistent drooling. Keep patient in seated position and decrease stressors to patient, transport immediately
- **If croup or epiglottitis is suspected, consider having parent hold oxygen near patient's face as necessary to decrease intervention and stress to patient**
- With children that are not yet talking, but appear to have sudden difficulty breathing, consider foreign body aspiration.

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:
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