



Pediatric Respiratory Emergencies: Airway Obstruction

I. All Provider Levels

1. Follow the General Patient Care guidelines in section A1.
2. If there is an obvious obstruction in the airway, remove the obstruction.
 - A. Grasp both the tongue and the lower jaw between the thumb and finger, and lift (tongue-jaw lift). This action may relieve a tongue obstruction.
 - B. If another obstruction is seen, then remove it.
 - C. Do not attempt to remove an object that is not completely visible.
 - D. Follow CPR guidelines.
3. Assess the patient's breathing including rate, auscultation, inspection, effort and adequacy of ventilation as indicated by chest rise.
 - A. If chest rise is noted after repositioning airway, suspect a foreign body obstruction of the airway.
 - B. Determine whether the obstruction is partial or complete and whether it is an upper or a lower airway obstruction.

| Signs and Symptoms of Airway Obstruction | |
|---|---|
| <i>Partial Airway Obstruction</i> | <i>Complete Airway Obstruction</i> |
| Stridor | No movement of air |
| Retractions | Cyanosis |
| Noisy Breathing | Cannot talk |
| Anxiety | Loss of Consciousness |
| Tachypnea | Apnea |
| Drooling and/or Coughing | Paradoxical Movement |
| Altered Mental Status | Altered Mental Status |



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I. All Provider Levels (continued)



| Signs and Symptoms of Airway Obstruction | |
|---|---|
| Lower Airway Obstruction <i>Refer to the Asthma or Anaphylaxis Protocol</i> | Upper Airway Obstruction <i>Refer to the Croup Protocol</i> |
| Tachypnea | Rhonchi |
| Wheezing | Stridor |
| Retractions | Retractions |
| Cyanosis | Cyanosis |
| Altered Mental Status | Altered Mental Status |
| Decreased Breath Sounds | Decreased/Absent Breath Sounds |

4. If an airway obstruction is noted, then treat according to the appropriate CPR protocol.



Note Well: *The EMT-I and EMT-P should go to direct laryngoscopy utilizing magill forceps.*

5. If airway cannot be maintained after the obstruction has been cleared, or the patient continues to have inadequate respiratory effort, initiate advanced airway management using a combi-tube.



Note Well: *Do not use a combi-tube on a patient younger than 16 years of age or less than 5-feet tall.*



Note Well: *The EMT-I and EMT-P should use ET intubation.*



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I. All Provider Levels (continued)

6. Check the pulse at the carotid, brachial or radial pulses (as age-appropriate).
 - A. If pulse is not present, then begin chest compressions at an age-appropriate ratio and refer to the cardiac protocols.
 - B. Follow CPR guidelines.
7. Call for ALS support. Initiate care and do not delay transport.
8. Assess vital signs.



II. Advanced Life Support Providers

1. Perform one attempt at direct laryngoscopy utilizing magill forceps to remove foreign body.
2. Attach a cardiac monitor.



III. Transport Decision

1. Contact medical control for further instructions.
2. Initiate transport to the nearest appropriate facility as soon as possible.
3. Perform focused history and detailed physical exam en route to the hospital.
4. Reassess at least every 3-5 minutes, more frequently as necessary and possible.



This protocol was developed and revised by Children's National Medical Center, Center for Prehospital Pediatrics, Division of Emergency Medicine and Trauma Services, Washington, D.C.



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