POLICY: 555.21
TITLE: Pediatric Airway Obstruction by Foreign Body

EFFECTIVE: 07/01/2024
REVIEW: 07/2027
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PEDIATRIC AIRWAY OBSTRUCTION BY FOREIGN BODY

I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.

III. PROTOCOL
If there is a history of a febrile illness and copious drooling, strongly consider epiglottitis. If epiglottis is suspected and patient is ventilating adequately, transport immediately and avoid visualization of the airway.

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required

	F	E	O	P	D
ASSESSMENT: look for signs of poor perfusion or respiratory distress (delayed capillary refill, diminished distal pulses, cool extremities, ALOC).	X	X	X	X	
OXYGEN: 100% by non-rebreather mask or blow-by.	X	X	X	X	
PULSE OXIMETRY: apply and monitor**.**		X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
CONSCIOUS PATIENT - ABLE TO SPEAK, COUGH OR CRY					
REASSURE PATIENT: encourage coughing.	X	X	X	X	
SUCTION: as needed to control secretions.	X	X	X	X	
CONSCIOUS PATIENT - UNABLE TO SPEAK, COUGH, OR CRY					
BACK BLOWS & CHEST THRUSTS: for patients < 1 year of age. Alternate back blows and chest thrusts with head inferior to chest.	X	X	X	X	
ABDOMINAL THRUSTS: for patients > 1 year of age.	X	X	X	X	
REASSESS: repeat basic airway maneuvers until obstruction is cleared or the patient becomes unconscious.	X	X	X	X	
UNCONSCIOUS PATIENT					
VISUALIZE AIRWAY: use laryngoscope and pediatric Magill Forceps. May finger sweep only if obstruction visible. Reassess airway prior to ventilation after each CPR cycle.				X	
CHEST THRUSTS/HP-CPR: 15:2 ratio, even if pulses are present.	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving.				X	

	F	E	O	P	D
CAPNOGRAPHY: apply and monitor if SGA has been placed.				X	
NEEDLE CRICOTHYROTOMY: if unable to ventilate with SGA • Quicktrach Child device for patients 10-35 kg (22-77 lbs). • Quicktrach device for patients > 35 kg (> 77 lbs). • 14 – 18G catheter for patients < 10kg (< 22 lbs). • Ventilate with high flow oxygen.				X	
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Refer to 555.23 PEDIATRIC RESPIRATORY DISTRESS.

NOTE: Transport patient immediately to the closest receiving hospital if unable to clear obstruction or otherwise establish an airway. All patients should be transported to a receiving hospital regardless of airway maneuvers.