

POLICIES AND PROCEDURES

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

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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	Е	0	Р	D
ASSESSMENT: look for signs of poor perfusion or respiratory distress (delayed	Х	Х	Х	Х	
capillary refill, diminished distal pulses, cool extremities, ALOC).	^	^	^	^	
OXYGEN: 100% by non-rebreather mask or blow-by.	Χ	Χ	Χ	Х	
PULSE OXIMETRY: apply and monitor.		Χ	Χ	Х	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				Х	
CONSCIOUS PATIENT - ABLE TO SPEAK, COUGH OR CRY					
REASSURE PATIENT: encourage coughing.	Χ	Χ	Χ	Χ	
SUCTION: as needed to control secretions.	Χ	Χ	Χ	Χ	
CONSCIOUS PATIENT - UNABLE TO SPEAK, COUGH, OR CR	Υ				
BACK BLOWS & CHEST THRUSTS: for patients < 1 year of age. Alternate					
back blows and chest thrusts with head inferior to chest.	Х	Х	Х	X	
ABDOMINAL THRUSTS: for patients > 1 year of age.	Χ	Χ	Χ	Χ	
REASSESS: repeat basic airway maneuvers until obstruction is cleared or the	.,		Х	Х	
patient becomes unconscious.	Х	Х			
UNCONSCIOUS PATIENT					
VISUALIZE AIRWAY: use laryngoscope and pediatric Magill Forceps. May					
finger sweep only if obstruction visible. Reassess airway prior to ventilation				Х	
after each CPR cycle.					
CHEST THRUSTS/HP-CPR: 15:2 ratio, even if pulses are present.	Χ	Χ	Χ	Χ	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate	Х	V	Х	_	
airway adjuncts.	X	Х	٨	Х	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving.				Х	

	ΙF	Е	О	Р	D
CAPNOGRAPHY: apply and monitor if SGA has been placed.			•	Χ	
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). 				Χ	
 14 – 18G catheter for patients < 10kg (< 22 lbs). 					
 Ventilate with high flow oxygen. 					
	F	Е	О	Р	D
ASSESSMENT: look for signs of poor perfusion or respiratory distress (delayed capillary refill, diminished distal pulses, cool extremities, ALOC).	Х	X	Χ	Χ	
OXYGEN: 100% by non-rebreather mask or blow-by.	Χ	Χ	Χ	Χ	
PULSE OXIMETRY: apply and monitor.		Χ	Χ	Χ	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				Χ	
CONSCIOUS PATIENT - ABLE TO SPEAK, COUGH OR CRY					
REASSURE PATIENT: encourage coughing.	Χ	Χ	Χ	Χ	
SUCTION: as needed to control secretions.	Х	Χ	Χ	Χ	
CONSCIOUS PATIENT - UNABLE TO SPEAK, COUGH, OR CR	Υ				
BACK BLOWS & CHEST THRUSTS: for patients < 1 year of age. Alternate		V	V	V	
back blows and chest thrusts with head inferior to chest.	Х	Х	Χ	X	
ABDOMINAL THRUSTS: for patients > 1 year of age.	Χ	Χ	Χ	Χ	
REASSESS: repeat basic airway maneuvers until obstruction is cleared or the	.,	./			
patient becomes unconscious.	X	Х	X	X	
UNCONSCIOUS PATIENT					
VISUALIZE AIRWAY: use laryngoscope and pediatric Magill Forceps. May					
finger sweep only if obstruction visible. Reassess airway prior to ventilation				Χ	
after each CPR cycle.					
CHEST THRUSTS/HP-CPR: 15:2 ratio, even if pulses are present.	Χ	Χ	Χ	Χ	
BLS AIRWAY : okay if airway patent. Support ventilations with appropriate airway adjuncts.	Х	Χ	Χ	Χ	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving.				Χ	
CAPNOGRAPHY: apply and monitor if SGA has been placed.				X	
NEEDLE CRICOTHYROTOMY: if unable to ventilate with SGA					
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 Quicktrach device for patients > 35 kg (> 77 lbs). 				Χ	
 14 – 18G catheter for patients < 10kg (< 22 lbs). 					
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ASSESSMENT: look for signs of poor perfusion or respiratory distress	Х	Х	Х	Χ	
(delayed capillary refill, diminished distal pulses, cool extremities, ALOC).					
OXYGEN: 100% by non-rebreather mask or blow-by.	Х	X	X	X	
PULSE OXIMETRY: apply and monitor.		Χ	Χ	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated. CONSCIOUS PATIENT - ABLE TO SPEAK, COUGH OR CRY				Χ	
REASSURE PATIENT: encourage coughing.		V	V	V	
	X	X	X	X	
SUCTION: as needed to control secretions.	X	Χ	Χ	Χ	
CONSCIOUS PATIENT - UNABLE TO SPEAK, COUGH, OR CR	Y				
BACK BLOWS & CHEST THRUSTS: for patients < 1 year of age. Alternate back blows and chest thrusts with head inferior to chest.	Х	Χ	X	X	
ABDOMINAL THRUSTS: for patients > 1 year of age.	Х	Х	Χ	Χ	
L					

	F	Е	0	Р	D
REASSESS: repeat basic airway maneuvers until obstruction is cleared or the patient becomes unconscious.	Х	Х	Х	Χ	
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BLS AIRWAY : okay if airway patent. Support ventilations with appropriate	X	Х	Х	Х	
airway adjuncts.	, ·	^			
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving.				X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.				Χ	
NEEDLE CRICOTHYROTOMY: if unable to ventilate with SGA					
Quicktrach Child device for patients 10-35 kg (22-77 lbs). Ovidetrach device for patients 25 kg (277 lbs).				V	
 Quicktrach device for patients > 35 kg (> 77 lbs). 				X	
 14 – 18G catheter for patients < 10kg (< 22 lbs). Ventilate with high flow oxygen. 					
ASSESSMENT: look for signs of poor perfusion or respiratory distress					
(delayed capillary refill, diminished distal pulses, cool extremities, ALOC).	X	X	Х	Χ	
OXYGEN: 100% by non-rebreather mask or blow-by.	Х	Х	Χ	Χ	
PULSE OXIMETRY: apply and monitor.		X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				Χ	
CONSCIOUS PATIENT - ABLE TO SPEAK, COUGH OR CRY	7				
REASSURE PATIENT: encourage coughing.	Х	Х	Х	Χ	
SUCTION: as needed to control secretions.	Х	Χ	Χ	Χ	
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back blows and chest thrusts with head inferior to chest.	X	Х	Х	Χ	
ABDOMINAL THRUSTS: for patients > 1 year of age.	Х	Χ	Χ	Χ	
REASSESS: repeat basic airway maneuvers until obstruction is cleared or the	\ <u>\</u>	\ <u></u>	V	· ·	
patient becomes unconscious.	X	Х	Х	Χ	
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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.