



## POLICIES AND PROCEDURES

POLICY: 554.21  
TITLE: Airway Obstruction

EFFECTIVE: 12/23/20  
REVIEW: 12/2025  
SUPERCEDES:

### APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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#### AIRWAY OBSTRUCTION

- 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. DEFINITIONS: Partial Obstruction: Stridor, coughing forcefully, able to speak, still passing some air.  
Complete Obstruction: Cyanosis, silent cough, unable to speak, no air movement.
- IV. PROTOCOL: Consider the cause of the airway partial or complete obstruction, support ABC's.

#### **EMR STANDING ORDERS**

<b>Patient Assessment</b>	Circulation, Airway and Breathing, assess vitals q 5 minutes
<b>Oxygen Administration</b>	Provide oxygen if appropriate

#### **EMT STANDING ORDERS**

<b>Note</b>	Must perform items in EMR standing orders if applicable
<b>Pulse Oximetry</b>	Record reading

#### **Paramedic STANDING ORDERS**

<b>Note</b>	Must perform items in EMR and EMT standing orders if applicable
<b>Monitor</b>	Treat heart rhythm as appropriate
<b>IV/IO Access</b>	TKO
<b>Needle Cricothyrotomy</b>	If unable to manage airway by any other method, a catheter-over-needle, maximum gauge of 10, attached to a 50 psi transtracheal oxygen ventilation system.

Clinical PEARLS:

- **PARTIAL OBSTRUCTION-**  
**Foreign body-** Observe patient, supportive care  
**Angioedema-** Position of comfort. Paramedics-Consider nebulized saline with the highest flow rate tolerated. Avoid visualization of throat/airway unless tracheal intubation required.  
**Trauma-** Suction; supportive care.  
**Anaphylaxis-** Refer to Allergic Reaction Policy 554.43
- **COMPLETE OBSTRUCTION**  
**Foreign body-** Abdominal thrusts (chest thrusts for pregnant patients). Paramedics- laryngoscopy and removal with Magill Forceps.  
**Angioedema-** Position of comfort. Paramedics-Consider nebulized saline with the highest flow rate tolerated. Avoid visualization of throat/airway unless endotracheal intubation required.  
**Trauma- Aggressive suctioning, supportive care, secure airway as appropriate**
- **UNCONSCIOUS PATIENT**  
CPR-Refer to Cardiac Arrest Algorithm
- Intravenous access is preferred over Intraosseous unless patient is unstable
- Secure airway with simplest technique, i.e. BLS airway unless unable to manage