# 2B - AIRWAY ESTABLISHMENT / OBSTRUCTION MANAGEMENT ADULT & PEDIATRIC

**TREATMENT PRIORITIES**

1, Remove obstruction
2. Oxygenation/Ventilation support
3. NGT/OGT with iGel or intubation

**EMD**

VERIFY IF PATIENT IS CHOKING
AVOID BACK SLAPS
ENCOURAGE COUGHING AND BREATHING EFFORTS
INSTRUCT CALLER IN HEIMLICH MANEUVER IF INDICATED

**EMERGENCY MEDICAL DISPATCHER**
**EMERGENCY MEDICAL RESPONDER**
**EMT**
**EMT-INTERMEDIATE 85**
**ADVANCED EMT**
**PARAMEDIC**

**EMR** | **EMT**

GENERAL SUPPORTIVE CARE

**ADULTS:** HEIMLICH MANEUVER OR ABDOMINAL THRUSTS IF SUPINE
(CHEST COMPRESSIONS IF PREGNANT OR MORBID OBESITY)
**PEDIATRIC:** HEIMLICH MANEUVER OR ABDOMINAL THRUSTS IF SUPINE
(CHEST COMPRESSIONS IF < 1 YR OLD)

OBTAIN VITAL SIGNS
$O_2$ VIA NC, NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)

**EMT OR HIGHER LICENSE:**
MEASURE END – TIDAL $CO_2$ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

**EMT- I85** | **AEMT**

DIRECT LARYNGOSCOPY & REMOVAL OF FOREIGN BODY

**ADULT:** INTUBATE IF INDICATED

IV ACCESS (IF NEEDED)

**PARAMEDIC**

**ADULT:** MEDICATION ASSISTED INTUBATION IF INDICATED
**ADULT:** CRICOTHYROTOMY FOR COMPLETE, INTRACTABLE OBSTRUCTION
**PEDIATRIC:** PT > 6 YRS OLD, CRICOTHYROTOMY FOR COMPLETE, INTRACTABLE OBSTRUCTION

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)

CONSULT OLMC IF AIRWAY OBSTRUCTION PERSISTS DESPITE ABOVE MEASURES