



EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 9/12/18, Effective 1/15/19, replaces all prior versions

2B - AIRWAY ESTABLISHMENT / OBSTRUCTION MANAGEMENT ADULT & PEDIATRIC

TREATMENT PRIORITIES
1. Remove obstruction
2. Oxygenation/Ventilation support

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