



PEDIATRIC AIRWAY OBSTRUCTION



Escambia County, Florida - ALS/BLS Medical Protocol

Causes of upper airway obstruction include the tongue, foreign bodies, swelling of the upper airway due to angio-neurotic edema (see [Pediatric Allergic Reactions / Anaphylaxis](#)), trauma to the airway, and infections (see [Pediatric Upper Airway Stridor/ Croup/Epiglottitis](#)).

Differentiation of the cause of upper airway obstruction is essential to determining the proper treatment.

Supportive Care

1. [Medical Supportive Care Protocol](#).
2. If air exchange is inadequate and there is a reasonable suspicion of foreign body [airway obstruction](#) (FBAO), apply 5 back blows and thrusts (a).

ALS Level 1

3. If unable to relieve FBAO, visualize with laryngoscope and extract foreign body with Magill forceps.
4. If obstruction is due to trauma and/or edema, or if uncontrollable bleeding into the airway causes life-threatening ventilatory impairment, perform [endotracheal intubation](#).
5. If unable to intubate and patient cannot be adequately ventilated by other means, perform needle [cricothyroidotomy](#).

ALS Level 2 (*Physician authorization required*)

None



Approved: 10/01/2011
Version: 3.1

Page 1 of 2

Approved by:


Charles Neal, D.O. Medical Director



PEDIATRIC AIRWAY OBSTRUCTION

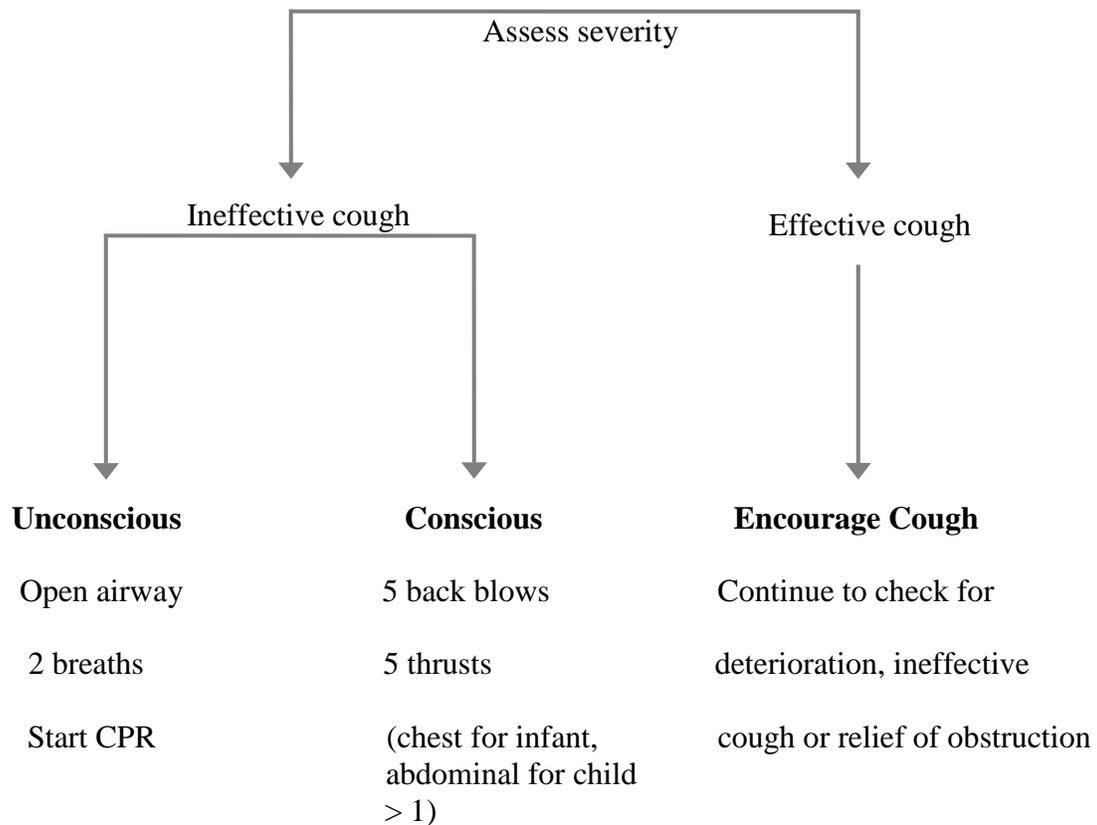


Escambia County, Florida - ALS/BLS Medical Protocol

Note

- (a) If air exchange is adequate with a partial airway obstruction, do not interfere and encourage patient to cough up obstruction. Continue to monitor for adequacy of air exchange. If air exchange becomes inadequate continue with protocol.

Pediatric FBAO Treatment



Approved: 10/01/2011
Version: 3.1

Page 2 of 2

Approved by:


Charles Neal, D.O. Medical Director