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
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

Assess severity

Ineffective cough

Effective cough

Unconscious

Conscious

Encourage Cough

Open airway

5 back blows

Continue to check for deterioration, ineffective

2 breaths

5 thrusts

Encourage Cough

Start CPR

(chest for infant, abdominal for child > 1)

Cough or relief of obstruction