Yolo County Emergency Medical Services Agency Protocols



AIRWAY OBSTRUCTION	
Adult	Pediatric
BLS	
<ul> <li>Abdominal thrusts in rapid sequence</li> <li>If ineffective, or patient is obese, or late stage pregnancy, consider chest thrusts</li> <li>If patient becomes unresponsive start CPR</li> <li>If able to visualize foreign body, attempt to remove it</li> <li>Assist ventilations with BVM</li> </ul>	<ul> <li><u>Patient &lt; 1 year old</u></li> <li>5 back blows followed by 5 chest compressions</li> <li>If patient becomes unresponsive start CPR         <ul> <li><u>Patient &gt; 1 year old</u></li> </ul> </li> <li>Abdominal thrusts in a rapid sequence         <ul> <li>If patient becomes unresponsive start CPR</li> <li>If patient becomes unresponsive start CPR</li> <li>If able to visualize foreign body attempt to remove it</li> <li>Assist ventilations with BVM</li> </ul> </li> </ul>
ALS	
<ul> <li>If able to visualize the foreign body, use Magill forceps to attempt to remove the obstruction</li> <li>If airway cannot be managed, with BLS measures consider advanced airway management techniques</li> <li>Do not use supraglottic airway device</li> </ul>	<ul> <li>If able to visualize the foreign body use Magill forceps to attempt to remove the obstruction</li> </ul>
Direction	
If obstruction is suspected epiglottitis, do not attempt to visualize the throat or insert anything into the mouth. Minimize outside stimuli, keep patient calm, and allow position of comfort. Early Receiving Hospital notification.	