

PEDIATRIC AIRWAY OBSTRUCTION

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> Recent witnessed choking Lack of teeth Age 	<ul style="list-style-type: none"> Universal choking sign Stridor Inability to speak complete sentences Increased respiratory rate/effort Altered mental status 	<ul style="list-style-type: none"> Anaphylaxis Aspiration/obstruction Pulmonary embolism Upper respiratory infection Anxiety, hyperventilation

	EMR	EMT	PM
1. Provide Pediatric Routine Medical Care - treat life threatening problems with airway, breathing circulation and disability.	•	•	•
2. Obtain ECG, monitor Capnography.		•	•

UNRESPONSIVE:

3. Immediately begin CPR regardless of pulses.	•	•	•
4. Open the airway and check the mouth for foreign body	•	•	•
5. Assess for positive gag reflex. If present, utilize Pediatric Drug Assisted Airway Management protocol to proceed.			•
6. If FBO is not able to be removed, utilize direct visualization of the airway via video laryngoscopy and remove with Magill forceps.			•
7. If unable to remove and FBO is passed the vocal cords, intubate. Attempt to push the FBO into the right mainstem bronchus, then pull ETT back and ventilate left lung			•
8. If unable to remove and FBO is supraglottic (obstructing the view of the vocal cords), remove the videoscope and attempt to suction ≤ 10 seconds If suction does not remove FBO, utilize appropriate cricothyrotomy: < 10 years old: Needle Cricothyrotomy ≥ 10 years old: Surgical Cricothyrotomy			•

CONSCIOUS: CANNOT speak or cough

3. 0 - 1 year: Cycles of 5 back blows/ slaps, & 5 chest thrusts > 1 year: Perform repeated cycles of 5 back blows followed by 5 abdominal thrusts until the foreign body obstruction is relieved or the patient becomes unresponsive.	•	•	•
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CONSCIOUS: Able to speak or cough

3. Allow patient to attempt to clear obstruction on their own.	•	•	•
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