Initial Date: 10/19/2022
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Section 1.10

Foreign Body Airway Obstruction

***Alias**: Choking, Airway Obstruction, FBAO*

This procedure is intended for situations in which a severe foreign body airway obstruction (FBAO) has occurred. EMS personnel must be able to rapidly initiate treatment in such cases. EMS personnel should consider these cases to be potential cardiac arrests.

FOREIGN BODY AIRWAY OBSTRUCTION

This procedure is intended for situations in which a severe foreign body airway obstruction (FBAO) has occurred. EMS personnel must be able to rapidly initiate treatment in such cases. Note: Sudden cardiac arrest that occurs while a person is eating is frequently dispatched as "choking." EMS personnel should consider these cases to be potential cardiac arrests.

1. In conscious (responsive) adults and children >1 year of age, deliver abdominal thrusts in rapid sequence until the obstruction is relieved.
2. Administer chest thrusts in conscious patients in place of abdominal thrusts when:
    a. Abdominal thrusts are ineffective (optional consideration)
    b. Patient is obese and rescuer is unable to encircle the patient's abdomen
    c. Patient is in the later stages of pregnancy (e.g., greater than 20 weeks)
    d. Patient is under 1 year of age
    e. Wheelchair bound patients
3. For conscious infants (under 1 year old) with evidence of severe FBAO:
    a. Deliver repeated cycles of 5 back blows followed by 5 chest compressions until the object is expelled or the patient becomes unresponsive.
    b. Note: Abdominal thrusts are not recommended for infants because they may damage the infant's relatively large and unprotected liver.
4. If any patient becomes unresponsive or is found unresponsive and is unable to be ventilated using the 2-person bag-valve-mask technique with oropharyngeal airway start CPR
5. For unconscious patients, while chest compressions are being provided, perform direct laryngoscopy. If foreign body is visible, remove using adult or pediatric Magill forceps.
6. If unsuccessful in visualizing foreign body, continue chest compressions and repeat direct laryngoscopy while alternating with attempts to ventilate.
7. Once FBAO is relieved, if spontaneous respiration does not return, refer to **Airway Management-Procedure Protocol**