Protocol Title: Obstructed Airway- Pediatric
Original Adoption Date: 08/2010
Past Protocol Updates: NOT APPLICABLE, NEW PROTOCOL IN 2010
Date of Most Recent Update: December 26, 2013
Medical Director: Chad Torstenson M.D.

Basic Treatment Guidelines:
1. Follow initial protocol for all patients.

Indications
Obstructed airway in children and infants

Precautions
Do not perform if patient can cough or speak

Conscious Patient Child
Stand behind patient and wrap hands around waist
Make a fist with one hand
1. Place thumb side against patient's abdomen
Place fist midline over naval (well below xiphoid)
Grasp fist with other hand
Press into patient's abdomen with quick upward thrust
1. Each thrust should be distinct
2. Each thrust intended to expel foreign body
Repeat thrusts until:
1. Foreign body is expelled
2. Patient becomes unconscious

Conscious Patient - Infant
Deliver 5 Back Blows
Place infant face down over hand and forearm
a. Support head and neck with one hand
b. Trunk and body straddled over forearm
c. Head should be lower than body
Deliver 5 forceful back blows (3-5 seconds)
  a. Apply between the shoulder blades with heel of hand
Deliver 5 Chest Thrusts
Support head and place infant face up
  a. Sandwich infant between your hands
  b. Turn on back with head lower than trunk
  c. Head and neck supported with one hand
  d. Trunk and body straddled over forearm
Deliver 5 Chest thrusts (3-5 seconds)
  a. Apply with 2 fingers over mid sternum
  b. Use similar technique as with Chest Compressions
Repeat Back blows and Chest Thrusts Until:
  a. Foreign body is expelled
  b. Infant becomes unconscious

Advanced Treatment Guidelines:
1. If unrelieved by basic protocol, visualize airway for supraglottic obstruction and attempt to remove obstruction.
2. If unable to remove obstruction and vocal cords are visualized, attempt intubation.
3. If unable to obtain patent airway, proceed with needle cricothyrotomy.