

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	9001.13
	<u>PROGRAM DOCUMENT:</u>  <b>Pediatric</b> <b>Airway Obstruction by Foreign Body and</b> <b>Respiratory Arrest</b>	Draft Date:	01/30/95
		Effective:	05/01/16
		Revised:	11/12/15
		Review:	09/01/17

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 EMS Medical Director

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 EMS Administrator

**Purpose:**

- A. To serve as the treatment standard for pediatric patients assessed to have a partial or complete airway obstruction by a foreign body.
- B. To serve as a treatment standard for pediatric patients assessed to be in respiratory arrest.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

<u>Partial Airway Obstruction by Foreign Body</u> Conscious Patient - Able to speak, cough or cry	
BLS	ALS
Reassure patient - encourage coughing.	
Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.	
Suction - as needed to control secretions.	
Transport in position of comfort.	
<u>Complete Airway Obstruction by Foreign Body</u> Conscious Patient - Unable to speak, cough or cry	
BLS	ALS
Age 1 year and under - back blows/chest thrusts, alternate five each.	
Age greater than 1 year - Heimlich maneuver, abdominal thrusts.	
Reassess airway. If airway is still not clear, repeat above steps until unconscious.	

Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.	
Transport in position of comfort, if airway is cleared.	
<u>Airway Obstruction by Foreign Body</u> Unconscious Patient	
BLS	ALS
Begin chest compressions.	Visualize airway - use appropriate size laryngoscope blade and pediatric Magill forceps.
Prior to ventilating, attempt to visualize and remove any foreign bodies. Blind finger sweeps shall not be performed.	
Begin ventilations.	
Transport patient along with any foreign body removed from the airway.	
<u>Respiratory Arrest</u>	
BLS	ALS
ABCs including oxygenation. If airway obstructs, proceed to obstructed airway protocol.	Use the least invasive airway management method possible to ensure adequate ventilation and oxygenation, as determined by O2 saturation and capnography monitoring (if available). Begin with BVM assisted ventilation. Utilize invasive airway management (intubation) only if BVM ventilation does not ensure adequate ventilation and oxygenation. For all patients with advanced airways, an end-tidal CO2 detector or other approved confirming device shall be utilized to aid in the confirmation of correct placement. In addition, continuous waveform capnography will be utilized throughout transport.
Transport.	Attempt Intravenous (IV)/Interosseous (IO) ACCESS with normal saline at To-Keep-Open (TKO) infusion rate.
	Blood sugar determination.
	<u>Dextrose:</u> 0.5 gm/kg of a 25% solution IV push to a maximum 25 grams if blood sugar is less than 60 mg/dl.