EL DORADO COUNTY EMS AGENCY
PREHOSPITAL PROTOCOLS

see Signature on file
EMS Agency Medical Director

Effective: July 1, 2022
Reviewed: N/A
Revised: N/A
Scope: BLS/ALS – Adult/Pediatric

AIRWAY OBSTRUCTION – ADULT

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing. If the patient is in distress, immediate rapid transport is preferred with treatment performed en route.*

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE –

- Assess airway, removing any visible foreign body obstructions.
- Support ventilation with appropriate airway adjuncts as indicated.
- If conscious
    - If patient is unable to speak, perform 5 abdominal thrusts and reassess
    - If spontaneous ventilation adequate, monitor in position of comfort
- If patient becomes unconscious, lower to ground and begin HP-CPR
- Apply Pulse Oximetry
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress

LOSOP

EMT working under Local Optional Scope

AIRWAY – Consider BVM and SGA with ETCO2

Advanced Life Support

Paramedic

AIRWAY

- Perform direct laryngoscopy to visualize potential obstruction when indicated
- Remove visible foreign body with Magill forceps
- Monitor ETCO2
- Consider clinical presentation

For suspected anaphylaxis:

Treat per **Allergy/Anaphylaxis Protocol**

For stridor:

Epinephrine 1:1000 (1mg/mL) 5mg (5 mL) nebulized. Repeat x 1 in 10 min prn.

For visible airway/tongue swelling:

Epinephrine 1:1000 (1mg/mL) 0.5mg (0.5mL) IM. Repeat q 10 min prn to max 3 doses.

For patients with tracheostomy and suspected obstruction:

- Attempt suctioning
- Remove inner cannula
- Clean with saline if present
- Replace if positive-pressure ventilation required

If obstruction not relieved:

- Remove entire tracheostomy tube and replace with new tracheostomy or 6.0mm ETT – may consider bougie-tracheostomy introduction if difficulty passing tracheostomy tube or ETT. (Note: bougie may be tight in a 6-0mm ETT and a 6.5mm ETT may be required for this method)

If new tube cannot be placed:

- Cover stoma and attempt BVM via mouth

If no chest rise:

- Attempt BVM over stoma with small mask
- Place SGA or intubate prn

If unable to ventilate with BLS or ALS airway:

- Perform needle cricothyrotomy (if training complete)

VASCULAR ACCESS

- Establish IV/IO, rate as indicated.

CARDIAC MONITOR

AIRWAY OBSTRUCTION – PEDIATRIC

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing. If the patient is in distress, immediate rapid transport is preferred with treatment performed en route.*

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE –

- Assess airway, removing any visible foreign body obstructions.
- Support ventilation with appropriate airway adjuncts as indicated.
- If conscious and unable to speak/vocalize
    - < 1yo: Alternate back blows and chest thrusts 5 ea with head inferior to chest and reassess
        - Repeat until airway cleared or patient becomes unconscious
    - > 1 yo: perform 5 abdominal thrusts and reassess
        - Repeat until airway cleared or patient becomes unconscious
    - If spontaneous ventilation adequate, monitor in position of comfort
- If patient becomes unconscious, lower to ground and begin HP-CPR
- Apply Pulse Oximetry
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress

Advanced Life Support

Paramedic

AIRWAY

- Perform direct laryngoscopy to visualize obstruction if unconscious
- Remove visible foreign body with Magill forceps
- Monitor ETCO2
- Consider clinical presentation
    - For suspected anaphylaxis, treat per Allergy/Anaphylaxis Protocol

<u>For stridor concerning for croup or tracheitis:</u>

< 1 yr. **Epinephrine 1:1000 (1mg/mL) 2.5mg** (2.5 mL) nebulized. Repeat x 1 in 10 min prn

>/=1 yr. **Epinephrine 1:1000 (1mg/mL) 5mg** (5 mL) nebulized. Repeat x 1 in 10 min prn

For visible airway/tongue swelling:

Epinephrine 1:1000 (1mg/mL) 0.01 mg/kg IM. Repeat q 10 min prn to max 3 doses.

(single dose max not to exceed the adult dose of 0.5mg (0.5mL) IM)

For patients with tracheostomy and suspected obstruction:

- Attempt suctioning
- Remove inner cannula
- Clean with saline if present
- Replace if positive-pressure ventilation required
- If obstruction not relieved with above maneuver,

< 7 yr: cover stoma and attempt BVM via mouth first. If no chest rise, attempt BVM over stoma with small mask.

>/= 7 yr: consider placement of same size trach tube or 5.0 - 6.0mm ETT in stoma

- Consider BVM and SGA if required

If unable to ventilate with BLS or ALS airway:

- Perform needle cricothyrotomy if landmarks can be identified and training is complete

VASCULAR ACCESS

- Establish IV/IO prn

CARDIAC MONITOR