

Foreign Body Airway Obstruction – Conscious Patient (≥ PL1)

Clinical Indications:

1. Sudden onset of respiratory distress often with coughing, wheezing, gagging, or stridor due to a foreign body obstruction of the upper airway.
2. Respiratory arrest where ventilation cannot be accomplished after repositioning of airway.

Contraindications:

1. No absolute contraindications

Procedure:

1. Assess the degree of foreign body obstruction of the upper airway.
 - a. Do not interfere with mild obstruction, allow the patient to clear the airway by strong coughs.
 - b. In severe foreign body airway obstructions, the patient may not be able to make a sound. The victim may clutch their neck in the universal choking sign.
2. For *infants*, deliver five (5) back blows followed by five (chest thrusts) repeatedly until the object is expelled or the victim becomes unresponsive.
3. For *children*, perform a sub diaphragmatic abdominal thrust, also known as the Heimlich Maneuver, until the object is expelled or the victim becomes unresponsive.
4. For *adults*, a combination of maneuvers may be required.
 - a. First, sub diaphragmatic abdominal thrusts should be used in rapid sequence until the obstruction is relieved or the victim becomes unresponsive.
 - b. Chest thrusts should be used in obese patients and in patients who are in the late stages of pregnancy.