

Foreign Body Airway Obstruction – Unconscious Patient (≥ PL1)

Clinical Indications:

1. Unconscious patient with foreign body airway obstruction.

Contraindications:

1. No absolute contraindications

Procedure:

1. If the victim is or becomes unresponsive, then safely lower the patient to a hard surface and initiate pit crew positions:
 - 1.1. Position 1 - Begin 100 Chest Compressions immediately with Metronome, alternates compressions, attempted ventilations and periodic pulse checks with Position 2.
 - 1.2. Position 2 - Activates Metronome, applies AED pads, and alternates 100 compressions, attempted ventilations and periodic pulse checks with Position 1.
 - 1.3. Position 3 - Reposition Airway with (head tilt chin lift or jaw thrust) Do not insert OPA or BIAD until Airway is opened. Do not perform blind finger sweeps in the mouth and posterior pharynx. This may push the object farther into the airway. Look in the mouth before attempting each ventilation (10 – 12 per minute). If a foreign-body is visible, remove it and assess for a pulse. Continue cycle of Chest Compressions, visualization then attempted ventilations, until the airway is open/clear. Use suction as needed to assist in clearing the Airway.
 - 1.4. ≥PL5 credentialed providers should assume Position 3 upon arrival and visualize the posterior pharynx with a laryngoscope to potentially identify and remove the foreign body using Magill forceps.
2. If the foreign body airway obstruction is removed and patient has pulses:
 - 2.1. Position 1 & 2 – Stop chest compression cycle and support the patient with 10-12 ventilations per minute as needed with oxygen, and provide ongoing periodic pulse checks.
 - 2.2. Position 3 – Secure and maintain the patient's open airway and continues to hold mask seal as needed during patient ventilations.
3. If the patient becomes pulseless with foreign body airway obstruction in place:
 - 3.1. Position 2 – Immediately activates AED and follow prompts.
 - 3.2. Position 1, 2, & 3 – Continue efforts indicated above to relieve continuing obstruction.
4. If the patient becomes pulseless and foreign body airway obstruction has been removed or relieved:
 - 4.1. Position 1, 2, & 3 – Activate Pit Crew CPR efforts including all airway adjuncts.