**Adult Foreign Airway Obstruction**

**Designation of Condition:** Patient may present unable to speak, breathe, or cough, and may clutch his/her neck between the thumb and fingers. Movement of air will be absent in complete airway obstruction—a life-threatening emergency.

### ABC’s
- Manage airway as necessary
- Titrated O2 to ≥90%
- Establish level of consciousness
- Determine history of witnessed or suspected aspiration
- Establish if airway is completely or partially obstructed

#### Partial Obstruction
- Alert and actively coughing
  - Encourage coughing
  - Oxygen
  - Monitor and reevaluate patient’s condition
  - Transport to the appropriate facility

#### Complete Obstruction
- Alert with no air movement
  - Abdominal Thrusts
    - Perform sub-diaphragmatic thrusts until obstruction is relieved or patient becomes unconscious
  - If unable to ventilate, reposition head and re-ventilate

#### Complete Obstruction
- Unconscious
  - Initiate CPR
    - Head tilt and chin lift
    - Remove any obvious obstructions
    - Attempt to ventilate with **BVM**
  - If unable to ventilate, reposition head and re-ventilate

  - Direct laryngoscopy to remove any visualized obstruction with McGill’s
  - Consider ETT and attempt to push occluding bolus into the right mainstem

  -Unable to remove obstruction, perform **Surgical Cricothyrotomy**

### ***KEY POINT***

If pt remains unconscious, not breathing, WITHOUT a pulse then: Continue per the appropriate Cardiac Arrest Guideline and transport to the appropriate facility if ROSC is achieved.

If pt remains unconscious, no breathing, WITH a pulse:

Rescue breaths 8-10 per minute