

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

SIGNATURE ON FILE IN EMS OFFICE
Medical Director

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PAGE: 1 of 1

AIRWAY OBSTRUCTION – STRIDOR

- I. AUTHORITY: Health and Safety Code, Division 2.5 California Code of Regulations Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

STANDING ORDERS

ABC's

OXYGEN

MONITOR

Treat rhythm as appropriate.

SEVERE OBSTRUCTION – (unable to cough or speak)

ABC's

CONSIDER CAUSE:

- Foreign body: Abdominal thrusts, finger sweep, laryngoscopy and removal with Magill Forceps
- Croup/Epiglottitis: Position of comfort. Consider humidified or nebulized oxygen with the highest flow rate tolerated. Avoid visualization of throat unless tracheal intubation required.
- Trauma: Intubate and suction.
- Anaphylaxis: Refer to Allergic Reaction Policy 554.43

**DIRECT AIRWAY
VISUALIZATION:**

With laryngoscope and oral intubation, if patient unable to maintain airway. Confirm placement with end-tidal CO₂ detector and esophageal detector device. **Continuous waveform capnography should be used in all intubated patients, if available.**

NEEDLE CRICOTHYROTOMY:

Catheter-over-needle system with maximum gauge of 10, followed by 50 psi transtracheal oxygen ventilation if unable to manage airway by other methods.

IV ACCESS:

TKO