

**MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES**

POLICY: 554.21
TITLE: Airway Obstruction-Stridor
(ADULT)

APPROVED: Signature On File In EMS Office
Executive Director

Signature On File In EMS Office
Medical Director

EFFECTIVE DATE 7/01/2011
SUPERSEDES:
REVISED:
REVIEW DATE: 7/2016
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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 a patient treatment standard for EMTs and Paramedics within their scope of practice.
- III. DEFINITIONS: Partial Obstruction: Stridor, coughing forcefully, able to speak, still passing some air.
Complete Obstruction: Cyanosis, silent cough, unable to speak, no air movement.
- III. PROTOCOL: Consider the cause of the airway partial or complete obstruction, support ABC’s.

STANDING ORDERS

ASSESS	CAB
OXYGEN	Oxygen delivery as appropriate
MONITOR	Treat rhythm as appropriate.
IV/IO ACCESS	TKO
CONSIDER CAUSE/SEVERITY	
<u>PARTIAL OBSTRUCTION</u>	
Foreign body	Observe patient; supportive care
Croup/Epiglottitis	Position of comfort. Consider nebulized saline with the highest flow rate tolerated. Avoid visualization of throat/airway unless tracheal intubation required.
Trauma	Suction; supportive care.
Anaphylaxis	Refer to Allergic Reaction Policy 554.43
<u>COMPLETE OBSTRUCTION</u>	
Foreign body	Abdominal thrusts (chest thrusts for pregnant patients), laryngoscopy and removal with Magill Forceps.
Croup/Epiglottitis	Position of comfort. Consider nebulized saline with the highest flow rate tolerated. Avoid visualization of throat/airway unless endotracheal intubation required.
Trauma	Aggressive suctioning, supportive care, secure airway as appropriate.
Anaphylaxis	Refer to Allergic Reaction Policy 554.43

UNCONSCIOUS PATIENT	CPR
SECURE AIRWAY	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation/perilaryngeal airway. Refer to General Procedures Protocol 554.00.
NEEDLE CRICOTHYROTOMY	If unable to manage airway by any other method, a catheter-over-needle, maximum gauge of 10, attached to a 50 psi transtracheal oxygen ventilation system. CONTRAINDICATED IN KNOWN COMPLETE OBSTRUCTION