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EFFECTIVE DATE 01/2004  
SUPERSEDES: \_\_\_\_\_  
REVISED: \_\_\_\_\_  
REVIEW DATE: 01/2009  
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### **PEDIATRIC AIRWAY OBSTRUCTION**

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. DEFINITIONS: **Partial Obstruction:** Stridor, coughing forcefully, able to speak/cry, still passing some air.  
**Complete Obstruction:** Cyanosis, silent cough, unable to speak/cry, no air movement.

~~IV.~~ PROTOCOL:

Transport patient immediately to the closest receiving hospital if unable to clear obstruction or otherwise establish an airway. All patients should be transported to a receiving hospital regardless of airway maneuvers.

Needle Cricothyrotomy is contraindicated in pediatric patients.

### **STANDING ORDERS**

#### **ABC's**

**OXYGEN:** Oxygen delivery as appropriate.

**MONITOR:** Treat rhythm as appropriate.

**CONSIDER IV/IO ACCESS:** As appropriate.

**CONSIDER CAUSE and SEVERITY: Partial or Complete Obstruction; Unconscious Patient:**

#### **PARTIAL OBSTRUCTION:**

**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 endotracheal intubation required.

**Trauma:** Suction; supportive care.

**Anaphylaxis:** Refer to Allergic Reaction Policy 555.42.

#### **COMPLETE OBSTRUCTION:**

**Foreign Body:** Abdominal thrusts, chest thrusts, 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 555.42.

**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 only if unable to establish adequate ventilation and oxygenation using a BVM. Confirm placement, if intubated, with end-tidal CO2 detector. Continuous waveform capnography should be used in all intubated patients, if available.