

APPROVED: Signature On File In EMS Office
 Executive Director

Signature On File In EMS Office
 Medical Director

EFFECTIVE DATE 12/01/2010
 SUPERSEDES: _____
 REVISED: _____
 REVIEW DATE: 12/01/2015
 PAGE: 1 of 2

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 EMTs and Paramedics within their scope of practice 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

ASSESS	CAB
OXYGEN	Oxygen delivery as appropriate.
MONITOR	Treat rhythm as appropriate.
CONSIDER IV/IO ACCESS	TKO with microdrip tubing and volume control chamber.
CONSIDER CAUSE and SEVERITY	

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.

STANDING ORDERS CONTINUED

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. Refer to General Procedures Protocol 554.00.