

APPROVED: SIGNATURE ON FILE IN EMS OFFICE  
Executive Director  
  
SIGNATURE ON FILE IN EMS OFFICE  
Medical Director

EFFECTIVE DATE 01/01/2004  
SUPERSEDES:  
REVISED:  
REVIEW DATE: 01/01/2009  
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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 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 CO<sub>2</sub> 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