For any upper airway emergency including choking, foreign body, swelling, stridor, croup, and obstructed tracheostomy

**History**
- Sudden onset of shortness of breath/coughing
- Recent history of eating or food present
- History of stroke or swallowing problems
- Past medical history
- Sudden loss of speech
- Syncope

**Signs and Symptoms**
- Sudden onset of coughing, wheezing or gagging
- Stridor
- Inability to talk
- Universal sign for choking
- Panic
- Pointing to throat
- Syncope
- Cyanosis

**Differential**
- Foreign body aspiration
- Food bolus aspiration
- Epiglottitis
- Syncope
- Hypoxia
- Asthma/COPD
- CHF exacerbation
- Anaphylaxis
- Massive pulmonary embolus

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**Concern for airway obstruction?**

No → **Routine Medical Care**

Yes → **Assess severity**

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**Mild (Partial obstruction or effective cough)**

- Encourage coughing
- SpO₂ monitoring
- Supplemental oxygen to maintain SpO₂ ≥ 94%
- Monitor airway

- Monitor and reassess
- Monitor for worsening signs and symptoms

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**Severe (significant obstruction or ineffective cough)**

- For infants (< 1 year) who are conscious, alternate 5 chest compressions and 5 back slaps. If unconscious, chest compressions.
- If standing, deliver abdominal thrusts or if supine, begin chest compressions.
- Continue until obstruction clears or patient arrests
- Magill forceps with direct laryngoscopy
- Cardiac monitor

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**Pearls**
- Bag valve mask can force the food obstruction deeper.
- If unable to ventilate, consider a foreign body obstruction, particularly after performing proper airway maneuvers.
- Advanced airways are only approved for patients that do not measure on the Broselow Tape. A height of > 4ft is required for the King Airway. Video laryngoscopy is the preferred method in these patients.

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**Notify receiving facility. Consider Base Hospital for medical direction**