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

Concern for airway obstruction?

Yes

Assess severity

Mild (Partial obstruction or effective cough)

- Encourage coughing
- SpO₂ monitoring
- Supplemental oxygen to maintain SpO₂ ≥ 92%
- Monitor airway

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

E Cardiac monitor

If SpO₂ ≥ 92%

Routine Medical Care

No

If SpO₂ < 92%

Notify receiving facility.
Consider Base Hospital for medical direction

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.