Pediatric Airway Obstruction/Choking

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 ≥ 92%
- 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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**Cardiac Arrest**

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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 length-based tape. A height of > 4ft is required for the King Airway.