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

**Concern for airway obstruction?**

No

If SpO$_2$ ≥ 92%
Routine Medical Care

Yes

Assess severity

Mild
(Partial obstruction or effective cough)

- Encourage coughing
- SpO$_2$ monitoring
- Supplemental oxygen to maintain SpO$_2$ ≥ 92%
- Monitor airway
- Monitor and reassess
- Monitor for worsening signs and symptoms

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
- Cardiac Arrest

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 length-based tape.