History
- Sudden onset of shortness of breath/coughing
- Past medical history
- Sudden loss of speech
- Syncope
- COPD/Asthma
- CHF
- Cardiac disease
- Lung disease

Signs and Symptoms
- Sudden onset of coughing, wheezing or gagging
- Stridor
- Inability to talk in complete sentences
- Panic
- Pointing to throat
- Syncope
- Cyanosis

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

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**Flowchart**

1. **Is airway/breathing adequate?**
   - Yes → **If SpO₂ ≥ 92%**
   - No → **Basic airway maneuvers**
     - Open airway with chin lift/jaw thrust
     - Nasal or oral airway
     - BVM

2. **SpO₂ monitoring**
   - Supplemental oxygen to maintain SpO₂ ≥ 92%
   - Spinal motion restriction if indicated

3. **Airway patent?**
   - Yes → **BVM with supplemental oxygen to maintain SpO₂ ≥ 92%**
   - No → **Complete obstruction?**
     - Yes → **BVM with supplemental oxygen to maintain SpO₂ ≥ 92%**
     - No → **Continuous EtCO₂ ≥ monitoring**

4. **Airway Obstruction/Choking**

5. **BVM effective?**
   - Yes → **Continue BVM**
   - No → **Reassess and adjust airway if necessary**

6. **For cause known, exit to appropriate protocol**

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

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**Effective November 2018**

**Effective April 2022**
Pediatric Respiratory Arrest/Respiratory Failure

For patients requiring positive-pressure ventilation and/or hypoxia despite 100% oxygen.

**Pearls**
- Effective use of a BVM is best achieved with two (2) providers.
- Continuous capnometry (EtCO$_2$) is mandatory with BVM. Document results.
- For the purposes of this protocol, a secure airway is achieved when the patient is receiving appropriate oxygenation and ventilation.
- An appropriate ventilatory rate is one that maintains an EtCO$_2$ of 35 to 45.
- The airway should be reassessed with each patient move. Document findings and EtCO$_2$ readings for each.
- Maintain spinal motion restriction for patients with suspected spinal injury.
- In deteriorating patients with head trauma, may adjust ventilation rate to maintain an EtCO$_2$ of 30-35.

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