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 SpO2 ≥ 92%
  - Routine Medical Care
- **Yes**
  - Assess severity

**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

**Severe**
- (significant obstruction or ineffective cough)
  - If standing, deliver abdominal thrusts or
    If supine, begin chest compressions
  - Continue until obstruction clears or patient arrests
  - Magill forceps with video laryngoscopy
  - Magill forceps with direct laryngoscopy
  - Cardiac monitor
  - Notify receiving facility.
  - Consider Base Hospital for medical direction
  - Cardiac Arrest

**Pearls**
- Bag valve mask can force the food obstruction deeper
- If unable to bag valve mask, consider a foreign body obstruction, particularly after proper airway maneuvers have been performed
- For obese and pregnant victims, put your hands at the base of the breastbones, right where the lowest ribs join together
- If foreign body is below cords and chest compressions fail to dislodge obstruction, consider intubation and forcing foreign body into right main stem bronchus.