San Mateo County Emergency Medical Services

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
- Syncpe
- Hypoxia
- Asthma/COPD
- CHF exacerbation
- Anaphylaxis
- Massive pulmonary embolus

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**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
      - 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
      - Cardiac Arrest

- No
  - Routine Medical Care

**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 their 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.