Airway Obstruction/Choking

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
  
  Routin 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
- Cardiac Arrest

Notify receiving facility.
Consider Base Hospital for medical direction

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.