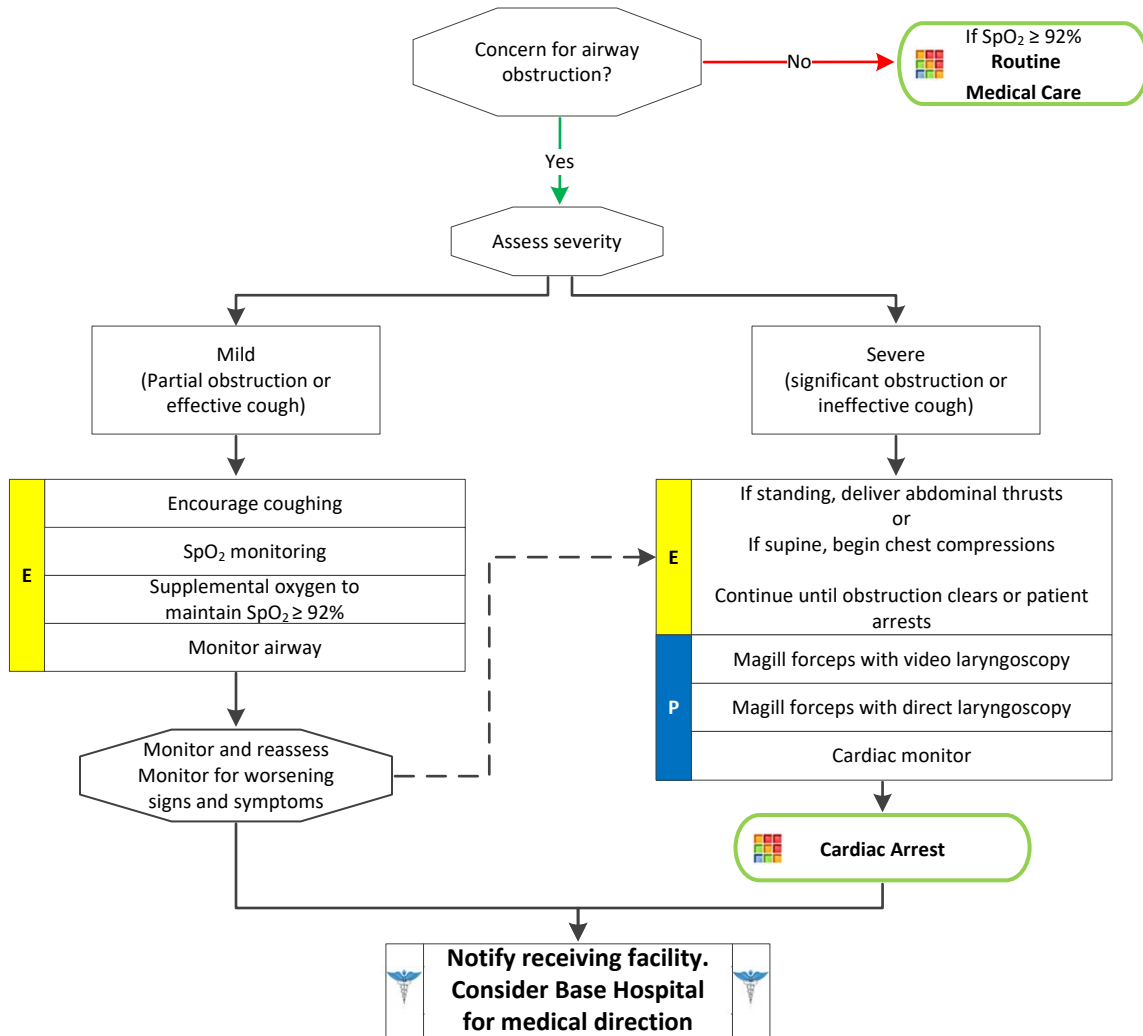


# Airway Obstruction/Choking

For any upper airway emergency including choking, foreign body, swelling, stridor, croup, and obstructed tracheostomy

<p><b>History</b></p> <ul style="list-style-type: none"> <li>• Sudden onset of shortness of breath/coughing</li> <li>• Recent history of eating or food present</li> <li>• History of stroke or swallowing problems</li> <li>• Past medical history</li> <li>• Sudden loss of speech</li> <li>• Syncope</li> </ul>	<p><b>Signs and Symptoms</b></p> <ul style="list-style-type: none"> <li>• Sudden onset of coughing, wheezing or gagging</li> <li>• Stridor</li> <li>• Inability to talk</li> <li>• Universal sign for choking</li> <li>• Panic</li> <li>• Pointing to throat</li> <li>• Syncope</li> <li>• Cyanosis</li> </ul>	<p><b>Differential</b></p> <ul style="list-style-type: none"> <li>• Foreign body aspiration</li> <li>• Food bolus aspiration</li> <li>• Epiglottitis</li> <li>• Syncope</li> <li>• Hypoxia</li> <li>• Asthma/COPD</li> <li>• CHF exacerbation</li> <li>• Anaphylaxis</li> <li>• Massive pulmonary embolus</li> </ul>
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**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.