



**Respiratory - Airway**  
**FOREIGN BODY AIRWAY OBSTRUCTION**  
**Practice Guideline**

**Patient Care Goals:**

1. Provide effective oxygenation and ventilation
2. Recognize and alleviate airway obstruction and respiratory distress
3. Identify a potentially difficult airway in a timely fashion
4. Emergently recognize and manage a failed airway

**Patient Presentation:**

Inclusion Criteria

1. Signs of severe respiratory distress/obstruction
2. Signs of hypoxemia or hypoventilation
3. Stridor
4. Stridor from presumed foreign body airway obstruction in child less than one year of age
5. Inability to effectively ventilate the patient

Exclusion criteria

Chronically ventilated patients  
 Newborn patients (see Newborn care protocol)

**Patient Management**

Back Blows / Chest Thrusts / Abdominal Thrusts  
 Continue until airway is cleared or patient loses consciousness.

**Surgical Airway – reserved for patients that are unresponsive with complete unresolved foreign body obstruction**

**Quality Improvement:**

Key Documentation Elements

1. Interventions, number of attempts
2. VL or DL laryngoscopy attempts
3. Pulse oximetry
4. Time of ventilation success
5. Capnography with ventilation

**Patient Safety Considerations**

Ongoing assessment is critical  
 If unable to clear airway obstruction, oxygenate, or ventilate after airway maneuvers or surgical airway, transport immediately to the nearest ED.  
 Bleeding is rarely a complication with surgical airway placement  
**King airway insertion is not indicated in respiratory distress secondary to airway obstruction**

Paramedic working assessment: Foreign Body Airway Obstruction

