**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

**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

**Exclusion criteria**
Chronically ventilated patients
Newborn patients (see Newborn care protocol)

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

**Quality Improvement:**
Key Documentation Elements
1. Interventions, number of attempts
2. Scene time if load and go scenario

**Patient Safety Considerations**
Ongoing assessment is critical
If unable to clear airway obstruction, unable to oxygenate, unable to ventilate, transport immediately to the nearest ED.

**Notes:**
- Abdominal thrusts are no longer indicated in unconscious patients.
- If unable to clear patient's airway, continue attempts to remove/ventilate and begin immediate transport to the closest most appropriate ED.
- King LT-D insertion is not indicated in respiratory distress secondary to airway obstruction.