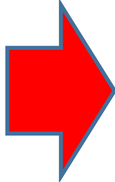
Milwaukee County Office of Emergency Management-EMS Division (OEM-EMS)

Respiratory - Airway

FOREIGN BODY AIRWAY OBSTRUCTION

Practice Guideline

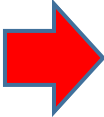


Patient Care Goals:
1. Recognize and resolve airway obstruction as soon as possible.
2. Identify patients requiring cricothyrotomy early and move to this step rapidly when indicated.

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)

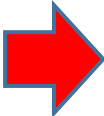
Patient Management
Back Blows / Chest Thrusts / Abdominal Thrusts
Continue until airway is cleared or patient loses consciousness.



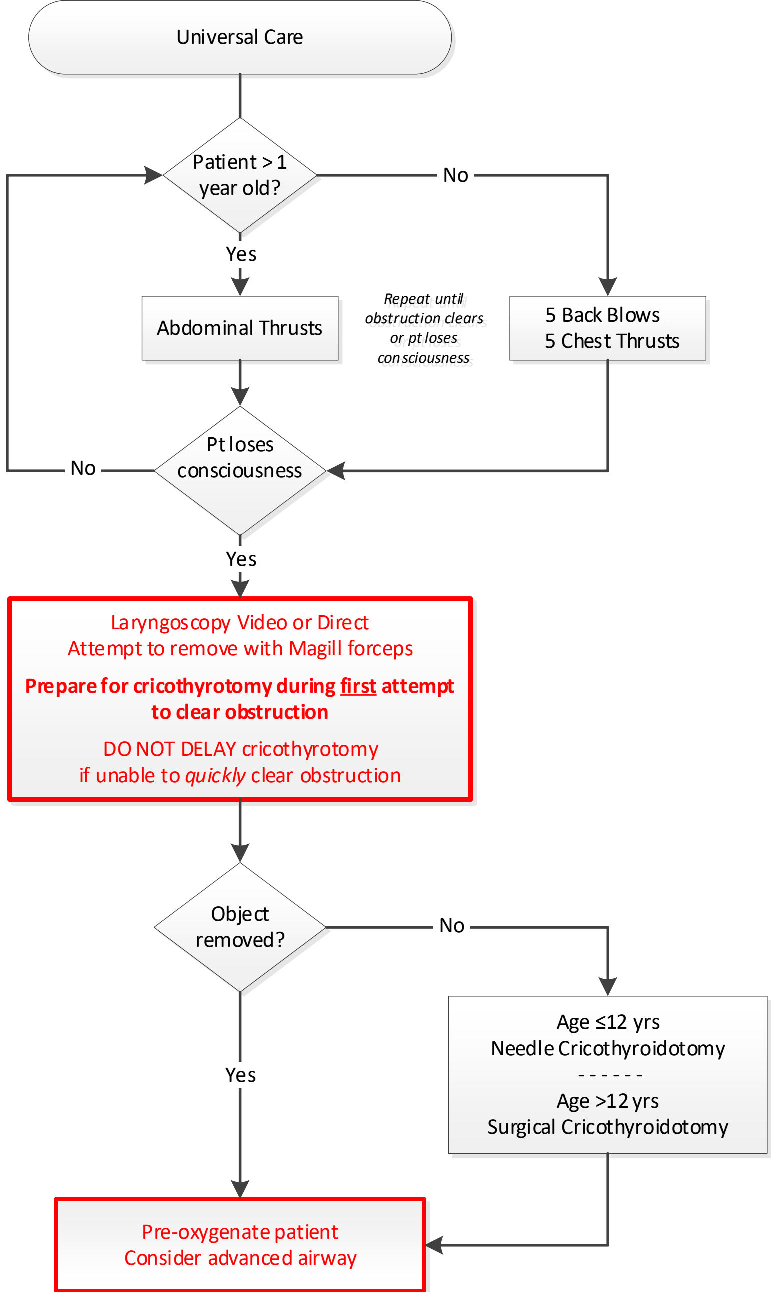
Surgical Airway – reserved for patients that are unresponsive with complete unresolved foreign body obstruction. Aggressive airway management is indicated. Prepare for cricothyrotomy during first attempt to clear obstruction. Do not delay cric if unable to quickly clear obstruction.

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



SGA Supraglottic airway insertion is NOT indicated in respiratory failure secondary to airway obstruction



Initiated: 06/15/2020
Reviewed/Revised: 04/15/2024
Revision 1

Approved: Benjamin Weston, MD, MPH Medical Director
Approved: Dan Pojar, BSEMS, FP-C, NRP EMS Division Director
WI DHS EMS Approval: 06/15/2020