



Foreign Body Airway Obstruction (FBAO) Removal with Magill Forceps

EMT-Basic

Advanced EMT

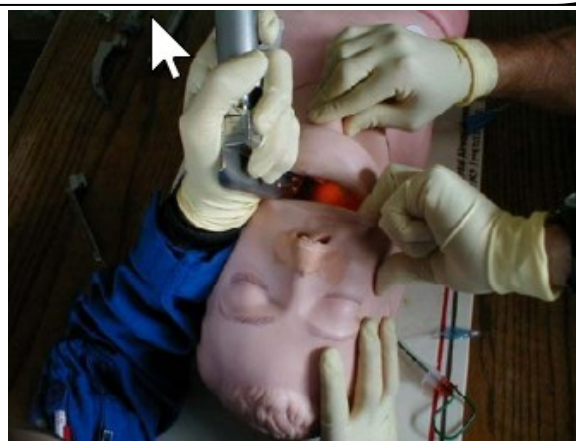
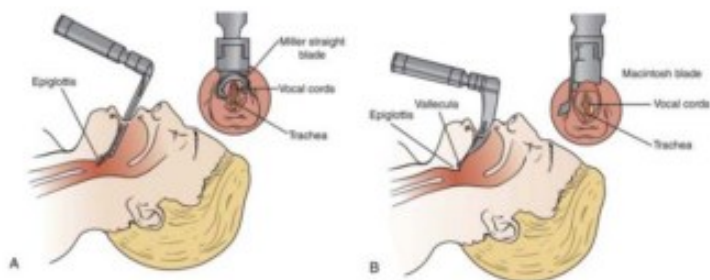
Paramedic

PROCEDURE

NEW

- Ensure adequate ventilation and oxygenation prior to intubation attempt.
- Oxygenate patient for 3-5 minutes with high flow O₂, consider passive oxygenation during intubation procedure.
- Assemble and check all equipment needed for successful intubation, coordinate with partner.
- Slightly extend patient's head into sniffing position (external auditory meatus at the same elevation as the jugular notch).
- For patients in a c-collar, remove c-collar and maintain inline stabilization manually.
- Utilize the 2-finger scissor technique to open the patient's mouth.
- Holding laryngoscope in left hand, insert into patient's mouth at the midline position gently advancing towards the glottis.
- Utilize gentle forward and upward motion to visualize and inspect the glottic opening.
- Once the foreign body is visualized, insert the magill forceps and attempt to remove the foreign body.
- If the foreign body is easily removed: Oxygenate and ventilate the patient with a BVM, then consider need for advanced airway (supraglottic or video laryngoscopy/ET placement).
- If the foreign body is not easily removed: Perform a cricothyrotomy. (Paramedic)

REFERENCE GRAPHICS



KEY POINTS

- Many foreign bodies are not amenable to magill forceps removal due to the volume or consistency of material (ie. things that break apart when being grabbed or exist in many pieces. Have a low threshold to move to a surgical cricothyrotomy).
- After foreign body airway removal, the patient should be ventilated with a BVM to help increase oxygenation prior to placement of a supraglottic airway or video laryngoscopy/ET placement.

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