

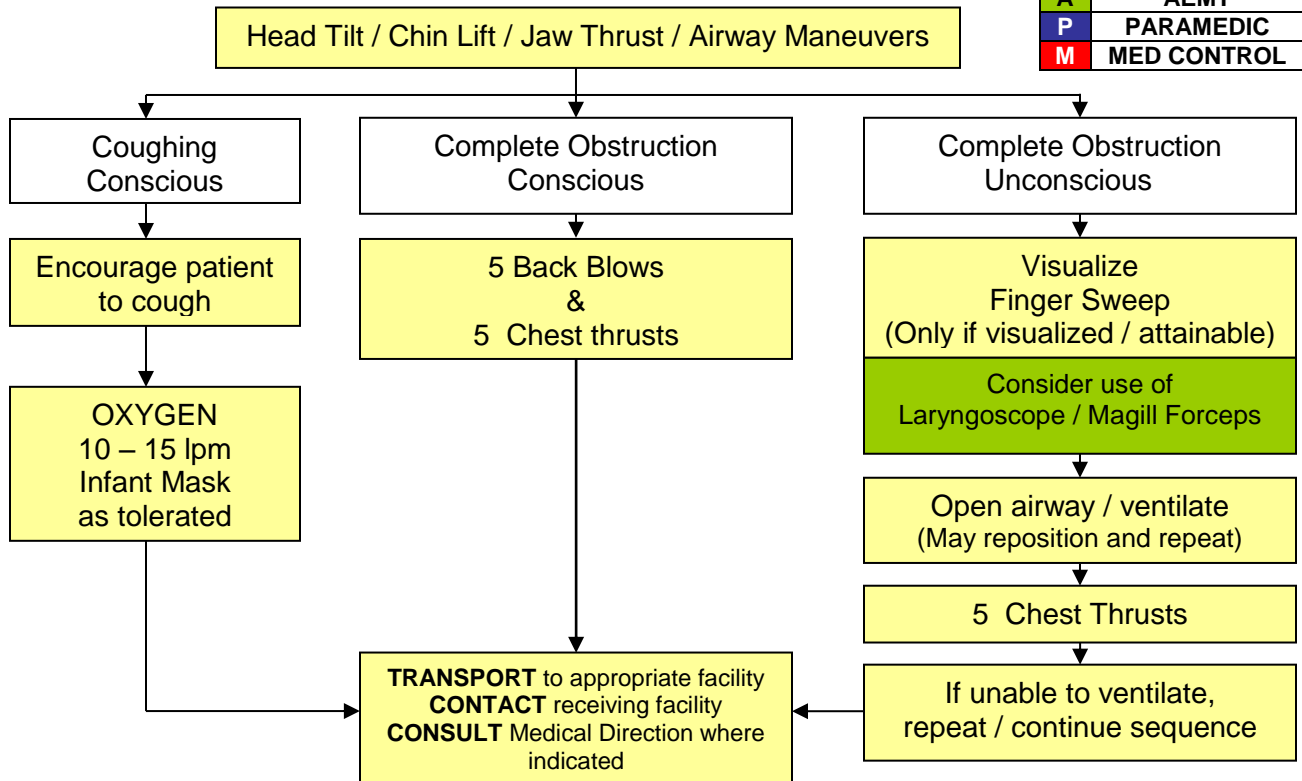


Section 7: Pediatric Airway/Respiratory Protocols

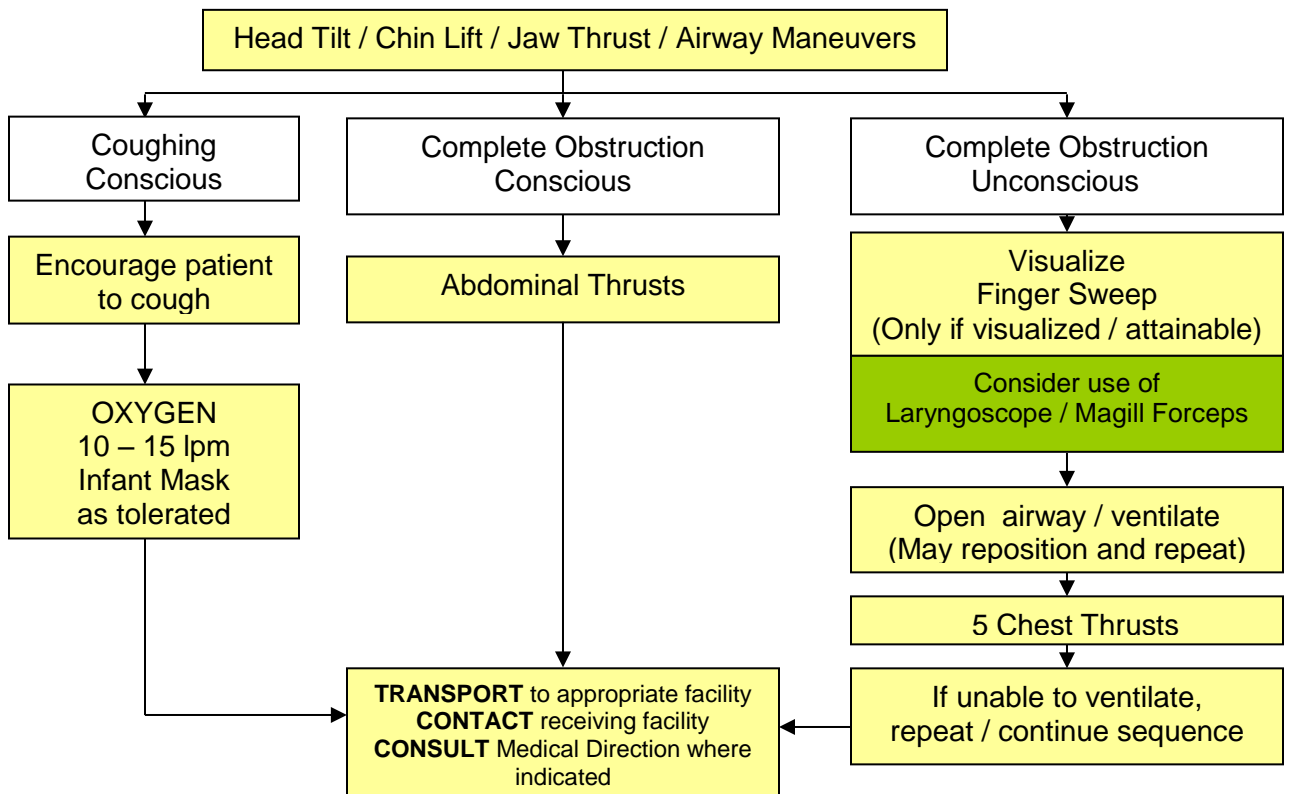
PEDS AIRWAY/RESP : FOREIGN BODY AIRWAY OBSTRUCTION

Infant (0 – 12 months)

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M



Child (1 – 8 years)





Section 7: Pediatric Airway/Respiratory Protocols

PEDS AIRWAY/RESP : FOREIGN BODY AIRWAY OBSTRUCTION-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none">• Coughing• Choking• Inability to speak• Unresponsive	<ul style="list-style-type: none">• Witnessed aspiration• Sudden episode of choking• Audible stridor• Change in skin color• Decreased LOC• Increased / decreased Respiratory rate• Labored breathing• Unproductive cough	<ul style="list-style-type: none">• Cardiac arrest• Respiratory arrest• Anaphylaxis

- Infants 0 -12 months DO NOT receive abdominal thrusts. Use chest thrusts.
- NEVER perform blind finger sweeps in infants or children.
- Attempt to clear the airway should only be made if foreign body aspiration is witnessed or very strongly suspected and there is complete airway obstruction.
- Even with a complete airway obstruction, positive-pressure ventilation is often successful.