

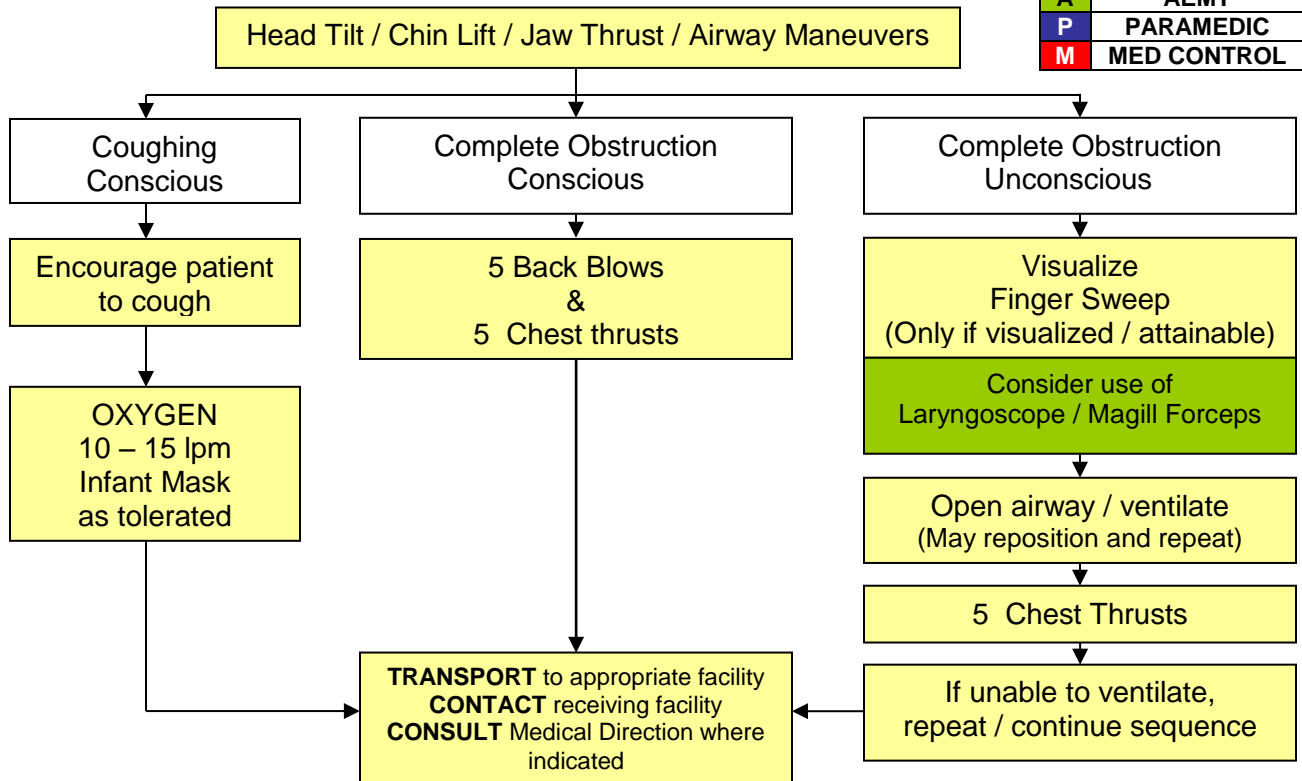


Section 7: Pediatric Airway/Respiratory Protocols

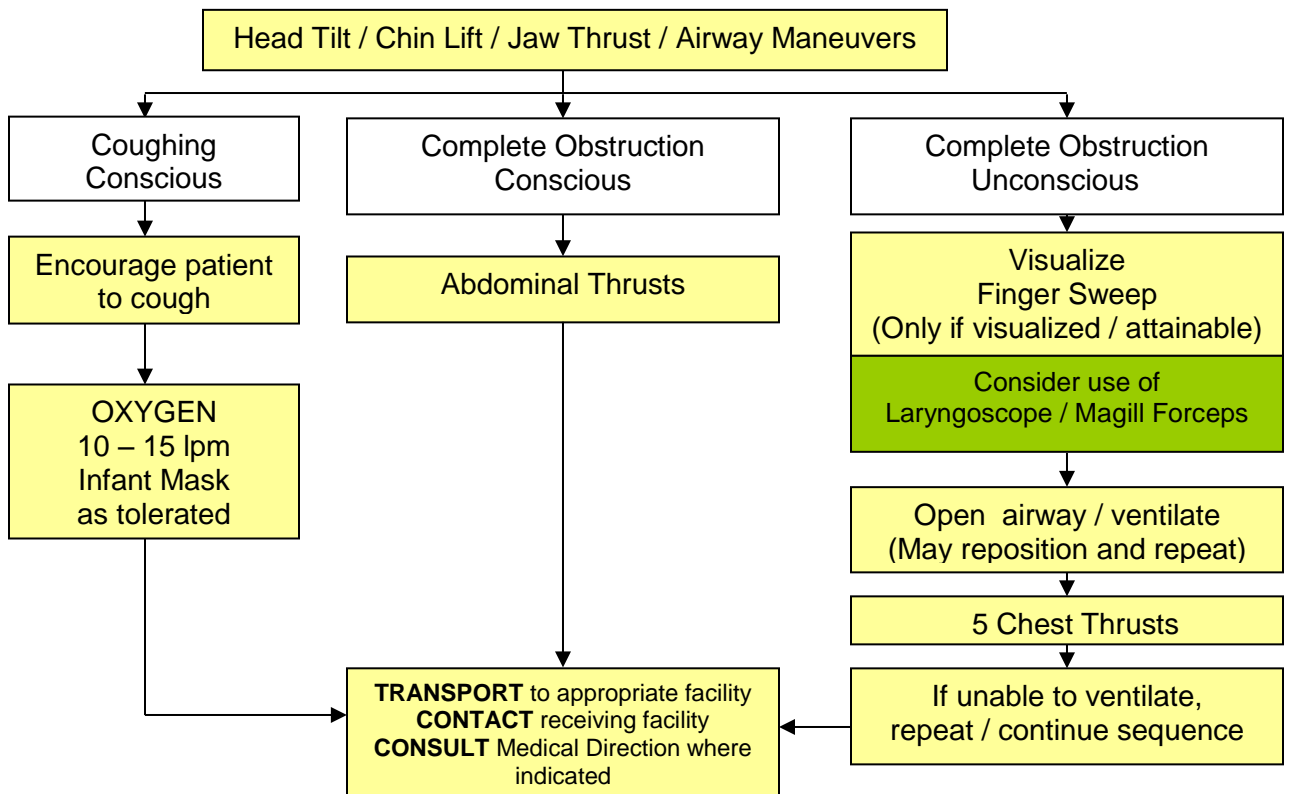
PEDS AIRWAY/RESP : FOREIGN BODY AIRWAY OBSTRUCTION

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.