# Airway Obstruction / Foreign Body / Choking

## Common History
- Elderly patients with sudden coughing, choking, respiratory difficulty
- Patients with respiratory distress who are sedated from drug or alcohol use
- Patients who have had recent medical sedation
- Patients with stridor or sudden onset of wheezing
- Patients with a history of stroke, seizures, dementia, Parkinson’s disease, and other neuromuscular diseases

## Common Causes of Airway Obstruction in Adults
- Aspirated food -- meat, vegetables, bones
- Aspirated foreign bodies – dental or medical appliances, teeth
- Facial or neck tumors
- Certain severe dental infections (Ludwig’s angina)
- Rapidly expanding hematoma in the neck
- Laryngeal burns

## EMT
- Follow General Medical Care Guideline
- Allow patient to stay in position of comfort

### If patient not moving air and conscious
- Heimlich maneuver or abdominal thrusts
  - Chest thrusts if patient is obese or pregnant
- Continue until foreign body is expelled or moved, allowing respirations

### If patient not moving air and/or unconscious
- Start CPR
- Visualize oral cavity and remove foreign bodies
- BVM with OPA/NPA
- Reassess airway periodically and attempt to clear

### If unable to ventilate patient
- Attempt to clear airway with chest thrusts airway clearance / suction
- Do not use Supraglottic Airway Device (King Tube LTD)

## Paramedic

### Unconscious but able to ventilate
- Direct Laryngoscopy and foreign body removal with suctioning
- Intubate with ETT and capnography

### Unable to ventilate
- Direct visualization with laryngoscope or video laryngoscope
- Remove foreign body with Magill forceps
- Surgical Cricothyrotomy