Indications:

1. Complete or partial obstruction of the airway due to foreign body, swelling, or injury.

Precautions:

1. Partial obstructions that are not relieved by chest or abdominal thrusts can be converted to a complete obstruction. Resist the temptation to attempt relief of a partial obstruction if there are no signs of impending airway failure or respiratory arrest.
2. In visibly pregnant patients and infants, perform chest thrusts only.

Technique:

1. Complete airway obstruction (no air movement):
    a. Open airway using head tilt-chin lift or jaw thrust.
    b. Visualize airway. Can a foreign body be removed?
    c. Attempt to ventilate using mouth-to-mask or BVM ventilations.
    d. If unable to ventilate, reposition airway and reattempt ventilations.
    e. If unable to ventilate, administer 5 chest or abdominal thrusts.
    f. If airway remains obstructed, visualize with laryngoscope and remove any obvious foreign body. If no foreign body is found, continue chest or abdominal thrusts until airway is cleared.
    g. Consider cricothyrotomy if obstruction above the vocal cords (larynx).
    h. When obstruction relieved, continue to support airway and breathing as needed.
2. Partial airway obstruction:
    a. Have patient assume most comfortable position.
    b. Apply O2, high flow.
    c. Attempt suctioning of upper airway.
    d. If the patient is not moving air and obviously deteriorating, treat as a complete airway obstruction.

Obstructed Airway

Notes

1. Airway takes priority over all other care. Until the obstruction is cleared, all patient care must focus on the airway.
2. Conscious patients with a complete airway obstruction will often be too tense for abdominal thrusts to be effective. Once they have lost consciousness, additional attempts to clear the airway may meet with greater success.

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