

AIRWAY – FOREIGN BODY OBSTRUCTION

1. Level: Paramedic, RN
2. Purpose: To remove foreign bodies by direct visualization utilizing Magill forceps and a laryngoscope. This is done after BLS maneuvers have proven to be unsuccessful in relieving the foreign body obstruction.
3. Indications:
 - 3.1. Unresponsive secondary to an upper airway obstruction due to a foreign body that has not resolved with BLS maneuvers.
4. Contraindications: None
5. Adverse Effects/Complications: Trauma to the oropharynx, vocal cords, esophagus, or trachea.
6. Procedure:
 - 6.1. Reposition the airway (head tilt chin lift or jaw thrust).
 - 6.2. Use good technique with the laryngoscope to directly visualize anatomical structures of the airway and minimize oral trauma.
 - 6.3. Recognize and remove the foreign body.
 - 6.4. If the object cannot be removed with the Magill forceps, consider pushing the object down the right main stem bronchus using an endotracheal tube with stylet. This should only be considered as a last resort.
 - 6.5. If unsuccessful, consider **CRICOTHYROTOMY procedure.**