

**MEHLVILLE FIRE PROTECTION DISTRICT  
EMERGENCY MEDICAL SERVICES  
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

**SUBJECT: 600.08  
FOREIGN BODY AIRWAY  
OBSTRUCTION / CHOKING**

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A foreign body airway obstruction may cause respiratory distress that is often accompanied by coughing, wheezing, gagging or stridor. It should be suspected in cases of sudden onset of respiratory distress or in patients with respiratory arrest that cannot be ventilated after airway is repositioned.

If the patient has a foreign body airway obstruction:

- Assess the degree of the foreign body obstruction. Do not interfere if airway obstruction is mild and patient is attempting to clear the obstruction by coughing. In severe obstructions, the patient may not be able to make a sound. The victim may clutch his or her neck in the universal choking sign. Severe obstructions require intervention.
- **For an infant**, deliver 5 back blows followed by 5 chest thrusts repeatedly until the object is expelled or the child becomes unresponsive.
- **For a child**, perform subdiaphragmatic abdominal thrusts (Heimlich Maneuver) until the object is expelled or the child becomes unresponsive.
- **For adults**, perform subdiaphragmatic abdominal thrusts (Heimlich Maneuver) until the object is expelled or the child becomes unresponsive. Chest thrusts may be used if the patient is pregnant or morbidly obese.
- If the victim becomes unresponsive, begin CPR immediately but look in the mouth before administering any ventilations. If a foreign body is visible, remove it. Do not perform blind finger sweeps of the mouth as this may push the object farther into the airway.
- Attempt to visualize the posterior pharynx with a laryngoscope to attempt to remove the foreign body using Magill Forceps. If no object is visible, attempt intubation.
- In extreme cases, the object may be pushed into the right main stem bronchus with the ET tube in an attempt to ventilate the left lung. This should only be done when all other methods have failed.
- Cricothyrotomy may be attempted, although this will not be helpful if the obstruction is distal to the cricothyroid membrane.