 Shared health Soins communs Manitoba	P01.3 – DIRECT LARYNGOSCOPY FOR SUPRAGLOTTIC FOREIGN BODY REMOVAL	
	Version date: 2025-03-27	Effective date: 2025-04-01 (07:00)
ACP ONLY		ALL AGES

INDICATION
<ul style="list-style-type: none"> Known or suspected occlusion of the supraglottic airway by a foreign object that cannot be relieved by basic measures

WARNINGS
CONTRAINDICATIONS: <ul style="list-style-type: none"> Known or suspected epiglottitis
CAUTIONS: <ul style="list-style-type: none"> Continue chest compressions right up until the actual laryngoscopy (limit interruptions to 10 seconds or less) If unable to relieve obstruction, promptly proceed to advanced airway management

EQUIPMENT
<ul style="list-style-type: none"> Laryngoscope handle Appropriately-sized laryngoscope blade Magill Forceps Pulse oximeter Oxygen source Suction Personal protective equipment (PPE)
<ul style="list-style-type: none"> Backup airway equipment <ul style="list-style-type: none"> Endotracheal tube or i-gel® Oropharyngeal &/or nasopharyngeal airways Bag-valve mask Cricothyroidotomy kit

PROCEDURE

1. Perform hand hygiene and don appropriate PPE.
2. If time permits, preoxygenate the patient with nasal prongs at an oxygen flow rate of 5 to 7 liters per minute.
3. Assemble & check ALL equipment, including the backup airway equipment. Ensure that the laryngoscope lamp is “tight & bright” (figure 1).
4. Position the patient to optimize the laryngoscopic view by extending the neck and elevating the head with folded towels (figure 2).
5. Perform direct laryngoscopy (figure 3).
 - a. Open the laryngoscope and ensure it is in the locked position before insertion.
 - b. Holding the laryngoscope handle in your left hand, open the mouth with your right hand.
 - c. Use your fingers to move the lips out of the way, but be careful to avoid injuring your fingers on the patient’s teeth.
 - d. Insert the laryngoscope blade to the right side of the tongue.
 - e. Move the blade towards the midline, using the flange of the blade to push the tongue to the left.
 - f. Under direct vision (so as to avoid pushing any obstruction deeper) advance the laryngoscope blade until you see the epiglottis.
 - i. With a curved **Macintosh blade**, slowly advance further until the tip comes to rest in the vallecula between the base of the tongue and the epiglottis (figure 4).
 - ii. With a straight **Miller blade**, slowly advance further until the tip comes to rest just under the epiglottis (figure 5).
 - g. Lift the laryngoscope in the direction of the handle. Do not lever the blade on the patient’s incisors.
6. Using Magill forceps in your right hand (figure 6), attempt to grasp & remove the foreign body (figure 7).
7. Assist ventilation until normal spontaneous breathing resumes
8. Remove and discard PPE. Repeat hand hygiene.
9. Document the procedure in the patient care record.

FIGURE 1

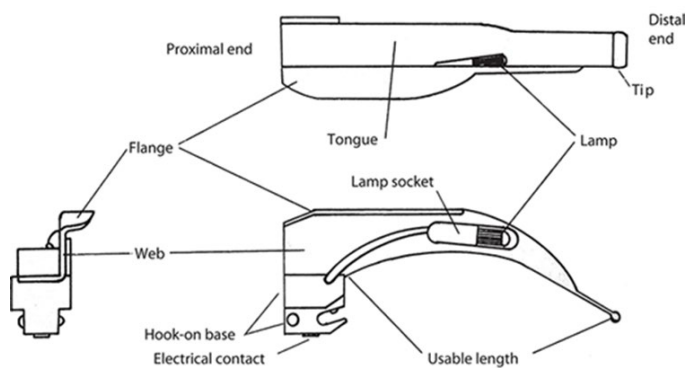
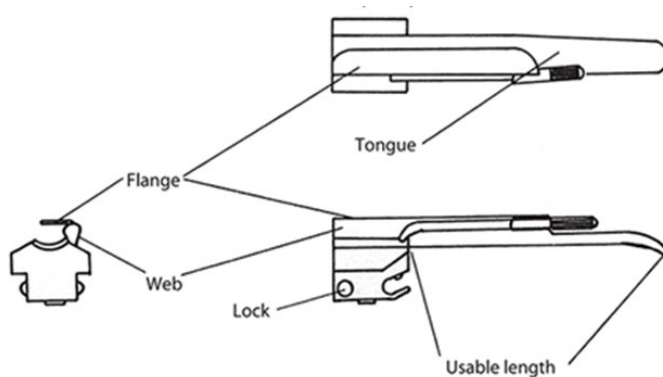
MACINTOSH BLADE (2 years & over)**MILLER BLADE (up to 2 years)**

FIGURE 2

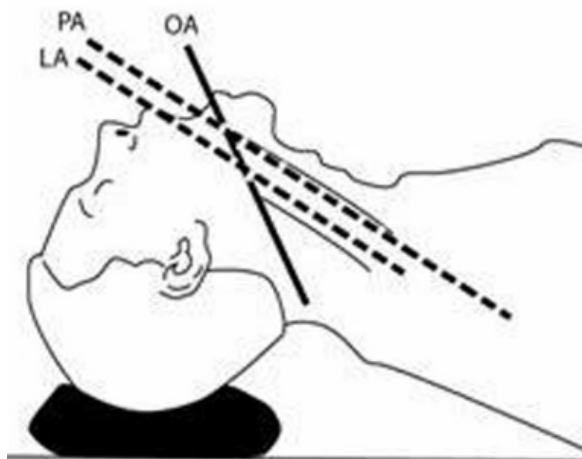
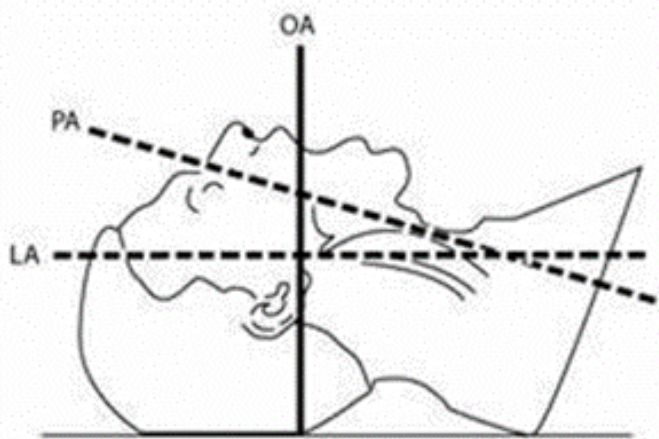
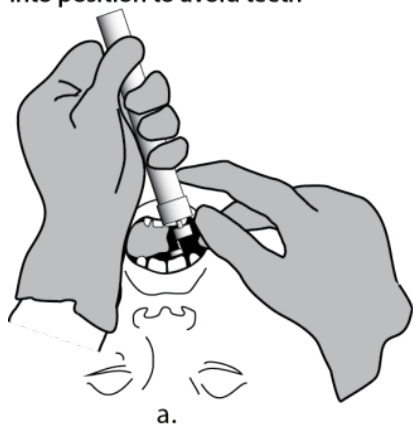
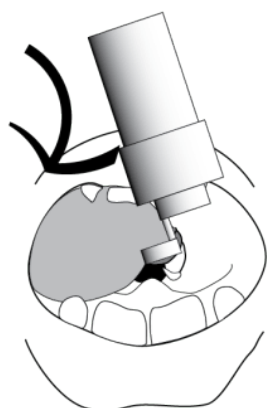
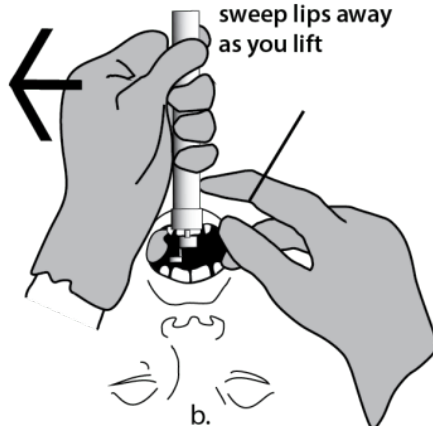


FIGURE 3

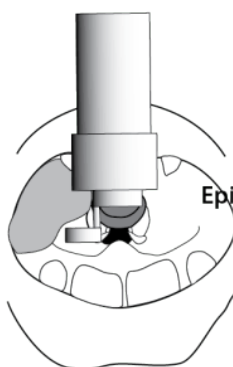
You may need to tilt and rotate blade into position to avoid teeth



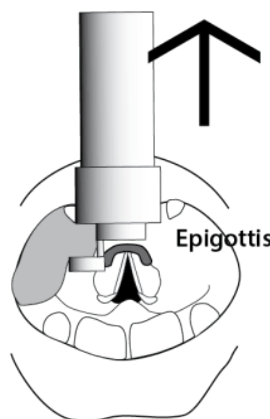
Use index finger to sweep lips away as you lift



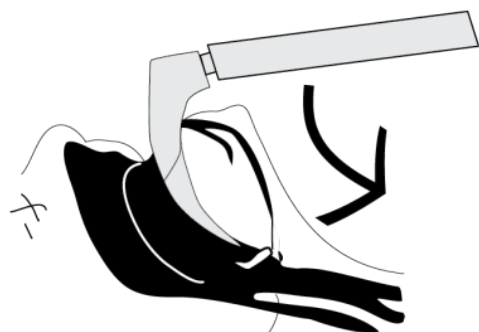
Sweep tongue to left



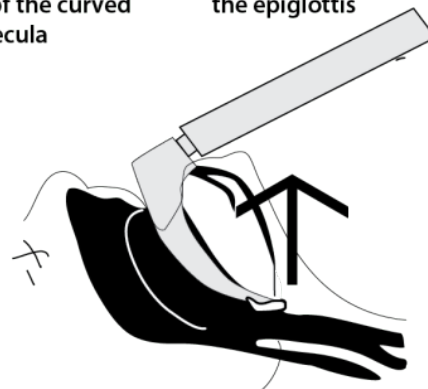
Advance blade, watching for back of epiglottis to appear. Position the tip of the curved blade in the vallecula



Press the tip into the vallecula and lift the epiglottis



Rotate the curved blade over the tongue to position the tip in the vallecula. Don't press on the teeth!



Press the tip into the vallecula and lift the epiglottis

FIGURE 4

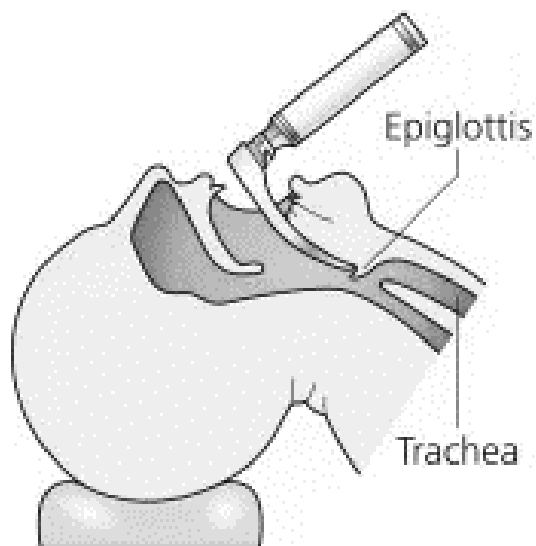


FIGURE 5

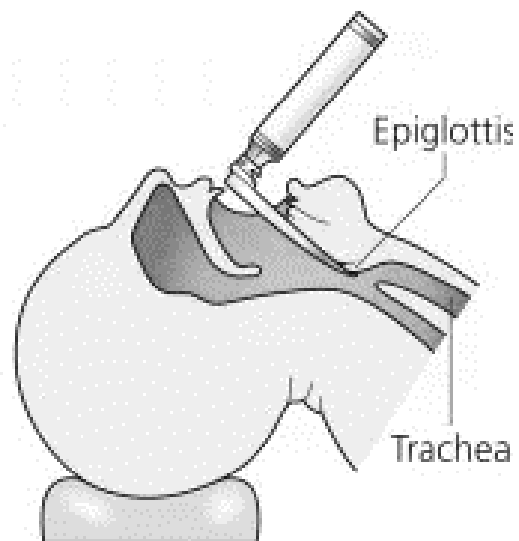


FIGURE 6

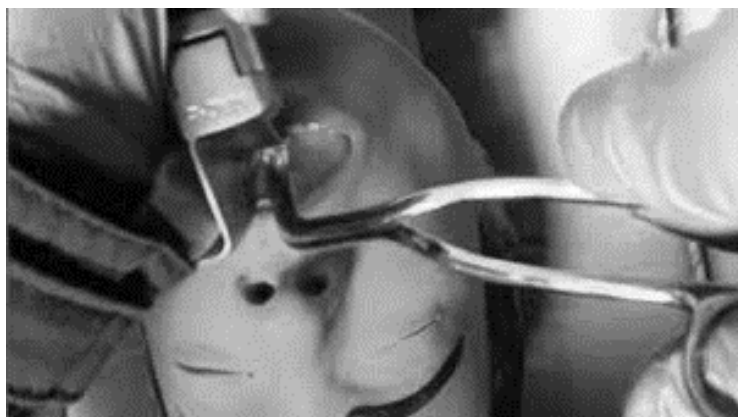
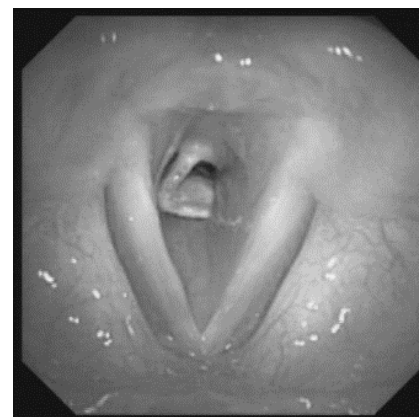




FIGURE 7








LINKS

- C11 - Upper Airway Obstruction

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X09 for change tracking)
<ul style="list-style-type: none"> New

APPENDIX A: LARYNGOSCOPE BLADE SIZES			
AGE	BLADE SIZE	BLADE TYPE	
0 to 1 year	#00	Miller	
1 to 2 years	#0	Miller	
Younger child (under 6 years)	#1	Macintosh	
Older child / adolescent (over 6 years)	#2	Macintosh	
Adult	#3	Macintosh	
Large adult	#4	Macintosh	