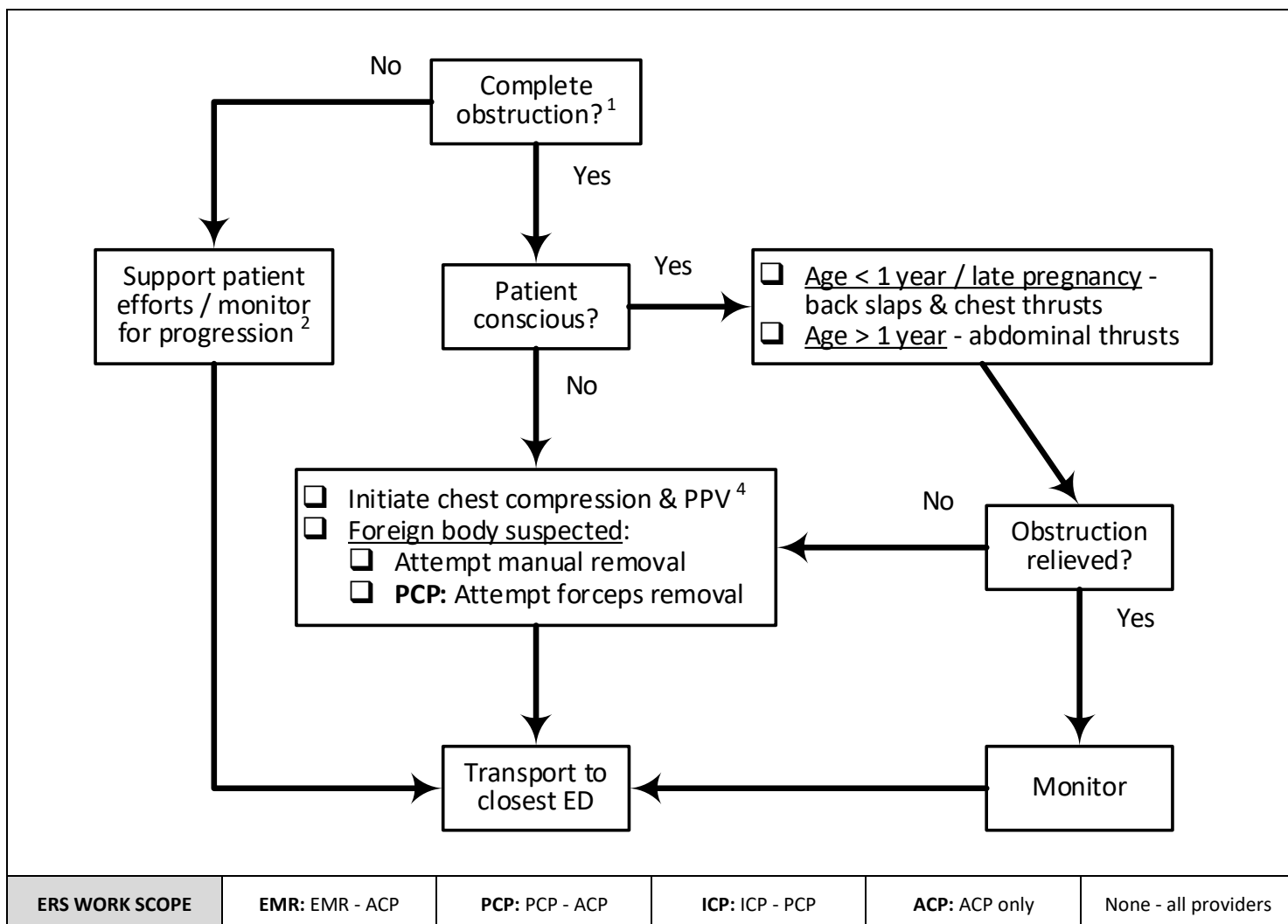
	C11 – UPPER AIRWAY OBSTRUCTION	
	All ages	RESUSCITATION
Version date: 2024-05-04		Effective Date: 2024-05-15 (0700)



ERS WORK SCOPE	EMR: EMR - ACP	PCP: PCP - ACP	ICP: ICP - PCP	ACP: ACP only	None - all providers
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INDICATIONS
<ul style="list-style-type: none"> Partial or complete upper airway obstruction

CONTRAINDICATIONS
<ul style="list-style-type: none"> Not applicable

NOTES
<ol style="list-style-type: none"> 1. Inability to speak or cough indicates <u>complete</u> airway obstruction. If complete obstruction is not promptly relieved, loss of consciousness followed by cardiopulmonary arrest will quickly ensue. 2. Interventions should be avoided in patients who can cough or speak as they may convert a partial obstruction into a complete one. 3. Upper airway obstruction (UAO) can occur from multiple causes (appendix A). Airway foreign body (FB) will usually be apparent by the history of abrupt onset, as well of absence of findings suggesting other causes. If UAO is due to anaphylaxis or angioedema, prompt administration of epinephrine is required (E03). 4. Chest compressions may dislodge a laryngeal foreign body, while positive pressure ventilation (PPV) may force tracheal FB down into a mainstem bronchus partially relieving obstruction. 5. Airway manipulation and positive pressure ventilation (PPV) are aerosol generating medical procedures. Appropriate personnel protective equipment (PPE) is required (A09).

LINKS / REFERENCES
<ul style="list-style-type: none"> A09 - AEROSOL GENERATING MEDICAL PROCEDURES E03 - ANAPHYLAXIS

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X03 for change tracking)

- Renamed
- Removal of COVID restrictions and reference to general AGMP protocol for all transmissible respiratory infections

APPENDIX A: CAUSES OF ACUTE UPPER AIRWAY OBSTRUCTION

- Foreign body
- Infection (eg. epiglottitis, croup, tonsillitis, retropharyngeal / peritonsillar abscess)
- Anaphylaxis / angioedema
- Upper airway burns
- Blunt / penetrating airway injury
- Hemorrhage into tumor (rare)
- Vocal cord dysfunction / laryngospasm (rare)