

CMG 12 - UPPER AIRWAY OBSTRUCTION

(Revised: October 2020)



(a) FOREIGN BODY

COMPLETE OBSTRUCTION – conscious patient		
ICP	Up to five back blows	AP
ICP	If fails: up to five chest thrusts (if possible, position with head down to utilise gravity)	AP
ICP	If fails: repeat the sequence above as required	AP
ICP	If fails: urgent transport and 100% oxygen	AP

COMPLETE OBSTRUCTION – unconscious patient		
ICP	Start CPR / arrest management if required	AP
ICP	Up to five chest thrusts (supine position)	AP
ICP	Extricate foreign body with laryngoscope and Magills forceps	AP
ICP	If fails: implement Intubation Algorithm (CMG 3b) (consider moving directly to surgical airway)	
ICP	If no alternative, continue chest thrusts (supine position) as appropriate	AP
ICP	Notify hospital and urgent transport – 100% oxygen	AP

PARTIAL OBSTRUCTION		
ICP	Maximise oxygen therapy	AP
ICP	Encourage coughing	AP
ICP	Prompt transport	AP
ICP	Minimum intervention	AP

OBSTRUCTION RELIEVED		
ICP	Provide oxygen therapy	AP
ICP	Prompt transport	AP

continues over

CMG 12 - UPPER AIRWAY OBSTRUCTION cont.

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(b) SWELLING

Causes of upper airway swelling:

- croup / epiglottitis
- insect sting
- anaphylaxis
- trauma
- oral / pharyngeal infection
- burns

ICP	Maximise oxygenation	AP
ICP	Consider the need for advanced airway management (e.g. RSI) early	
ICP	Do not attempt to examine the mouth / throat area	AP
ICP	Do not unnecessarily distress the patient	AP
ICP	Prompt transport	AP
If swelling is due to anaphylaxis or local insect sting:		
ICP	IM adrenaline	AP
ICP	(consider IV adrenaline infusion)	
If severely obstructed due to croup/epiglottitis/burns:		
ICP	Adult - IM adrenaline Paediatric – Nebulised adrenaline	AP
Complete airway obstruction:		
ICP	Give 100% oxygen and attempt IPPV	AP
ICP	Urgent transport and notify hospital	AP
ICP	Implement Intubation Algorithm (CMG 3b) (consider moving directly to surgical airway)	

(c) LARYNGOSPASM

Laryngospasm is most commonly transient and self-resolving.

Give basics a chance to work.

ICP	Position supine Firm jaw thrust 100% oxygen	AP
ICP	If not resolved: IPPV with PEEP	AP
ICP	If not resolved (and continuing signs of hypoxia): Rapid Sequence Intubation (RSI) (CMG 3a) (including Intubation Algorithm – CMG 3b)	