### (a) FOREIGN BODY

#### COMPLETE OBSTRUCTION – conscious patient

<table>
<thead>
<tr>
<th>ICP</th>
<th>Action</th>
<th>AP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Up to five back blows</td>
<td>AP</td>
</tr>
<tr>
<td></td>
<td>If fails: up to five chest thrusts (if possible, position with head down to utilise gravity)</td>
<td>AP</td>
</tr>
<tr>
<td></td>
<td>If fails: repeat the sequence above as required</td>
<td>AP</td>
</tr>
<tr>
<td></td>
<td>If fails: urgent transport and 100% oxygen</td>
<td>AP</td>
</tr>
</tbody>
</table>

#### COMPLETE OBSTRUCTION – unconscious patient

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

#### PARTIAL OBSTRUCTION

<table>
<thead>
<tr>
<th>ICP</th>
<th>Action</th>
<th>AP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Maximise oxygen therapy</td>
<td>AP</td>
</tr>
<tr>
<td></td>
<td>Encourage coughing</td>
<td>AP</td>
</tr>
<tr>
<td></td>
<td>Prompt transport</td>
<td>AP</td>
</tr>
<tr>
<td></td>
<td>Minimum intervention</td>
<td>AP</td>
</tr>
</tbody>
</table>

#### OBSTRUCTION RELIEVED

<table>
<thead>
<tr>
<th>ICP</th>
<th>Action</th>
<th>AP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide oxygen therapy</td>
<td>AP</td>
</tr>
<tr>
<td></td>
<td>Prompt transport</td>
<td>AP</td>
</tr>
</tbody>
</table>

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*continues over*
### (b) SWELLING

**Causes of upper airway swelling:**
- croup / epiglottitis
- insect sting
- anaphylaxis
- trauma
- oral / pharyngeal infection
- burns

<table>
<thead>
<tr>
<th>ICP</th>
<th>Maximise oxygenation</th>
<th>AP</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICP</td>
<td>Consider the need for advanced airway management (e.g. RSI) early</td>
<td></td>
</tr>
<tr>
<td>ICP</td>
<td>Do not attempt to examine the mouth / throat area</td>
<td>AP</td>
</tr>
<tr>
<td>ICP</td>
<td>Do not unnecessarily distress the patient</td>
<td>AP</td>
</tr>
<tr>
<td>ICP</td>
<td>If severely obstructed: nebulised adrenaline</td>
<td>AP</td>
</tr>
<tr>
<td>ICP</td>
<td>Prompt transport</td>
<td>AP</td>
</tr>
</tbody>
</table>

If swelling is due to anaphylaxis or local insect sting:
- IM adrenaline
- (consider IV adrenaline infusion)

**Complete airway obstruction:**
- Give 100% oxygen and attempt IPPV
- Urgent transport and notify hospital
- 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) | |

ACT Ambulance Service Clinical Management Guidelines
Uncontrolled when printed. The latest version of this document is available on the ACT Ambulance Service internet site.