

# CMG 12 – UPPER AIRWAY OBSTRUCTION

(Revised: August 2015)



## (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 (cont) – UPPER AIRWAY OBSTRUCTION



### (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	<b>If severely obstructed:</b> nebulised adrenaline	AP
ICP	Prompt transport	AP
<b>If swelling is due to anaphylaxis or local insect sting:</b>		
ICP	IM adrenaline	AP
ICP	(consider IV adrenaline infusion)	
<b>Complete airway obstruction:</b>		
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	<b>If not resolved:</b> IPPV with PEEP	AP
ICP	<b>If not resolved (and continuing signs of hypoxia):</b> Rapid Sequence Intubation (RSI) (CMG 3a) (including Intubation Algorithm – CMG 3b)	