

SKILL SHEET

Obstructed Airway Care for Adults and Children

Step 1 Verify the patient is choking

- If the patient is able to speak to you or is coughing forcefully: Encourage the patient to keep coughing but be prepared to clear the airway if the patient's condition changes.
- If the patient is unable to speak to you or is coughing weakly: Call for additional resources. Continue to Step 2.



Step 2 Obtain consent

- **For the adult:** Obtain consent from the patient.
- **For the child:** Obtain consent from the parent or legal guardian if present. If they're not available, consent is implied.

Step 3A Perform abdominal thrusts

- First, stand behind the patient, with one foot in front of the other for balance and stability. If possible, place your front foot in between the patient's feet.
- If the patient is a young child or is in a wheelchair, you may need to kneel.
- Then, get your hands in place. Using one or two fingers to find the patient's navel, make a fist with your other hand and place the thumb side of your fist against the middle of the abdomen, just above the navel.
- Grab your fist with your other hand.
- Give quick inward and upward thrusts.
- Be sure to make each thrust a distinct attempt to dislodge the object.
- If abdominal thrusts do not dislodge the object, continue to Step 4.



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Obstructed Airway Care for Adults and Children (continued)

Step 3B Perform alternate techniques

Perform alternate techniques—back blows, chest thrusts or airway management techniques if:

- You cannot reach far enough around the patient.
- They might be pregnant.
- They are in a bed or in a wheelchair with features that make abdominal thrusts difficult to do.
- Abdominal thrusts are not effective in dislodging the object.

Note: Remember to always follow your facility's protocol when implementing alternate techniques.

Back Blows

- Position yourself to the side and slightly behind the patient.
- Provide support by placing one arm diagonally across the patient's chest.
- Then bend the patient forward at the waist so the upper body is parallel to the ground or as close as it can be.
- Using the heel of your other hand, give five firm back blows between the patient's scapulae. Make each blow a separate and distinct attempt to dislodge the object.
- If back blows do not dislodge the object, use a series of 5 back blows and 5 abdominal or chest thrusts.

Chest Thrusts

- Position yourself behind the patient as you would for abdominal thrusts. If the patient is a young child or is in a wheelchair, you may need to kneel.
- Place the thumb side of your fist against the center of the patient's chest on the lower half of the sternum.
- Then cover your fist with your other hand and pull straight back, providing a quick inward thrust into the patient's chest.
- If chest thrusts do not dislodge the object, use a series of 5 back blows and 5 chest thrusts.

Airway Management Techniques

- If you are in a healthcare facility and abdominal thrusts, back blows or chest thrusts are not effective or practical, use a combination of basic or advanced airway management techniques based on your level of training and experience.



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Obstructed Airway Care for Adults and Children (continued)

Step 4

Continue to clear the airway

Continue to clear the airway until:

- The object is forced out.
- The patient can cough forcefully, speak, cry or breathe.
- Or, the patient becomes unresponsive.



Practice Note

If the patient becomes unresponsive, carefully lower them to a firm, flat surface, while protecting their head. Then, call for additional resources and to get an AED (if appropriate and you have not already done so). Immediately begin CPR, starting with chest compressions. After each set of compressions and before ventilations, open the patient's mouth and look for the object—if seen, remove it using a finger sweep. Do not perform a blind finger sweep. Next attempt 2 ventilations. Never try more than 2 ventilations during one cycle of CPR, even if the chest does not rise. Continue performing CPR cycles, checking for an object before each set of ventilations.