PURPOSE:
To expel food or foreign objects lodged in the throat, blocking the airway.

CONSIDERATIONS:
1. Patient education of common causes of airway obstruction and precautions to avoid airway obstruction is very important.
   a. Take small pieces of food, chew slowly and thoroughly.
   b. Avoid laughing and talking during meals.
   c. Avoid excessive alcohol intake before and during meals.
   d. Instruct children to avoid walking, running, or playing with food or small objects in their mouths.
   e. Keep small objects (beads, marbles, etc.) away from infants and small children.
2. Early recognition of airway obstruction is important for successful management.
   a. Partial airway obstruction with good air exchange.
      (1) Symptoms: Forceful cough and good air exchange.
      (2) Treatment: Encourage victim to continue coughing and breathing efforts. Do not interfere with victim's efforts to expel the obstruction at this time.
   b. Partial airway obstruction with poor air exchange.
      (1) Symptoms: Weak, ineffective, high-pitched noises while inhaling, increased respiratory difficulty, possible cyanosis of mucous membranes and nailbeds.
      (2) Treatment: Manage as obstructed airway.
   c. Complete airway obstruction.
      (1) Symptoms: Victim unable to speak, breathe or cough; may clutch his/her neck (universal distress signal).
      (2) Treatment: Immediate effort to relieve obstruction is necessary as no air exchange can occur. Victim will lapse into unconsciousness and death will follow.
3. Attempt to calm victim by identifying yourself as knowledgeable in management of airway obstruction, reassuring victim you will assist him/her.
4. Two maneuvers for relieving airway obstruction are manual thrusts and finger sweep.

EQUIPMENT:
Personal Protective Equipment

PROCEDURE:
Adhere to Standard Precautions.

Victim Standing or Sitting
1. Identify airway obstruction by asking victim, “Are you choking?” If person is coughing weakly or making high-pitched noises or is not able to speak, breathe or cough forcefully, tell the victim that you are trained in first aid and offer to help.
2. If you are alone shout for help. If there is a bystander, have that person phone the Emergency Medical System (EMS).
3. Do abdominal thrusts as follows:
   a. Stand behind victim, wrapping arms around his/her waist.
   b. Grasp one fist with your other hand, placing thumb side of fist against victim's abdomen between waist and rib cage.
   c. Grasp your fist with your other hand. Press your fist into the victim's abdomen with a quick upward thrust. Be sure your fist is directly on the midline of the victim's abdomen when you press. DO NOT direct the thrusts to the right or left.
4. Repeat the thrusts until the obstruction is cleared or until the person becomes unconscious.

Victim Lying (Known Choking)
1. Check victim for unresponsiveness.
2. Shout for help. If help unavailable, call 911.
3. Roll victim onto his/her back.
4. Open the airway. Look, listen and feel for breathing. Remove the object if you see it and begin CPR. [Note: If the foreign body is seen in the mouth, it should be removed by performing a tongue-jaw lift and sweeping finger through the mouth. If object is not seen, do not attempt to dislodge with finger as the object may be pushed further into the throat.]

Obese or Pregnant Victim - Standing or Sitting (Known Choking)
1. If the victim is too large to wrap your arms around to perform abdominal thrust or if pressure to the abdomen will cause complications as in pregnancy, an alternative technique to use is chest thrusts.
2. Stand behind the victim encircling his/her chest, placing your arms directly under the victim's armpits.
3. Form a fist and place the thumb side of your fist on the middle of breastbone (avoid the xiphoid process or margins of the rib cage).
4. Grasp your fist with your other hand and exert 5 quick backward thrusts. Continue the series of chest thrusts until the obstruction is relieved.
**Obese or Pregnant Victim - Lying (Known Choking)**

1. Kneel facing the victim.
2. Position victim on his/her back, place the heel of your hand on the lower half of the victim’s sternum, (avoid the xiphoid process or margins of the cage).
3. Administer quick downward thrusts that will compress the chest cavity 1-1/2 (one and one-half) to 2 inches. Continue the series of chest thrusts until the obstruction is relieved.

**Choking Victim Who Becomes Unconscious**

Victim with obstructed airway becomes unconscious:

1. **Additional Assessment:**
   a. Position the victim, turning on back as a unit; place face up with arms by sides.
   b. Call for help or, if others respond, activate EMS system.
2. **Foreign Body Check - Finger Sweep:**
   a. Keep victim's face up.
   b. Use tongue-jaw lift to open mouth.
   c. Attempt to remove foreign body, if you see it.
3. **Breathing Attempt:**
   a. Open airway with head tilt/chin lift.
   b. Seal mouth and nose properly.
   c. Attempt to ventilate.
4. Administer 30 chest compressions that will compress the chest cavity 1-1/2 (one and one-half) to 2 inches at a rate.
5. **Sequencing:** Repeat Steps 2-4 until airway obstruction is removed.
6. After airway obstruction is removed: Check for breathing and pulse. If pulse is absent, ventilate a second time and restart cycles of compressions and ventilations. If pulse is present, open airway and check for spontaneous breathing. If breathing is present, monitor breathing and pulse closely; maintain open airway. If breathing is absent, perform rescue breathing at 12 times/minute and monitor pulse.
7. Place in recovery position (also called fetal position.)

**Unconscious Victim and Cause Is Not Known**

1. Call for help. Open airway by head tilt chin lift. Establish absence of breathing; attempt to ventilate.
2. If unsuccessful, reposition head and try to ventilate again.
3. If still unable to open airway, start CPR.
4. Finger sweep only if object is seen.

**AFTER CARE:**

1. Document in patient's record:
   a. Incident.
   b. Treatment provided.
2. Notify physician, if applicable. Document any subsequent orders, if indicated.

**REFERENCE:**