

AIRWAY MANAGEMENT	
ADULT	PEDIATRIC (≤34 kg)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • For foreign body/airway obstruction use current BLS choking procedures • Administer O₂ as clinical symptoms indicate (see notes below) 	<p>Same as Adult (except for newborns)</p> <ul style="list-style-type: none"> • Newborn (< 1 day) follow AHA guidelines – Newborn Protocol #651
BLS Optional	
<ul style="list-style-type: none"> • Pulse oximetry • Patients who have oxygen saturations ≥ 94% without signs or symptoms of hypoxia or impending respiratory compromise should not receive O₂ • When applying O₂ use the simplest method to maintain O₂ Sat ≥ 94% • Do not withhold O₂ if patient is in respiratory distress 	<p>Same as Adult</p>
ALS Standing Orders	
<ul style="list-style-type: none"> • If obstruction not relieved with BLS maneuvers <ul style="list-style-type: none"> ○ Visualize and remove obstruction with Magill forceps ○ If obstruction persists consider – Needle Cricothyrotomy Procedure #704 ○ Upon securing airway monitor O₂ Sat and ETCO₂ – Capnography Procedure #701 • CPAP as needed for moderate to severe distress – CPAP procedure #703 • Endotracheal intubation – as needed to control airway • Needle thoracostomy with symptoms of tension pneumothorax – Needle Thoracostomy Procedure #705 	<ul style="list-style-type: none"> • If obstruction not relieved with BLS maneuvers <ul style="list-style-type: none"> ○ Visualize and remove obstruction with Magill forceps ○ If obstruction persists consider – Needle Cricothyrotomy Procedure #704 ○ Upon securing airway monitor O₂ Sat and ETCO₂ – Capnography Procedure #701 • Needle thoracostomy with symptoms of tension pneumothorax – Needle Thoracostomy Procedure #705
Base Hospital Orders Only	
<ul style="list-style-type: none"> • Glucagon 1mg IV/IM followed by bolus of oral fluid 60 seconds after Glucagon administered for esophageal foreign body obstruction - check a blood sugar prior • As needed 	<ul style="list-style-type: none"> • Glucagon 0.1mg/kg IM not to exceed 1mg followed by bolus of oral fluid 60 seconds after Glucagon administered for esophageal foreign body obstruction – check a blood sugar prior • As needed
Notes	
<ul style="list-style-type: none"> • Oxygen Delivery <ul style="list-style-type: none"> ○ Mild distress – 0.5-6 L/min nasal cannula ○ Severe respiratory distress – 15 L/min via non-rebreather mask ○ Moderate to severe distress – CPAP 3-15 cm H₂O ○ Assisted respirations with BVM – 15 L/min • Pediatric intubation is no longer an approved ALS skill – maintain with BLS options 	