RESPIRATORY OBSTRUCTION - PEDIATRIC - ALS

PRMC

Conscious?

NO

Successful?

Open airway and attempt to ventilate

NO, Continued obstruction

YES

Attempt to clear airway by direct laryngoscopy
Utilize forceps and/or suction

Monitor

If patient becomes unconscious begin CPR¹

Establish advanced airway
Needle cricothyrotomy if unable to ventilate

Establish vascular access

Transport and contact Medical Control as appropriate

< 1 year: 5 back slaps and 5 chest thrusts
≥ 1 year: abdominal thrusts

Continue until relieved

If patient becomes unconscious begin CPR¹

Allow to cough

Able to speak or make sounds?

YES

Continue ventilation as needed

< 1 year: 5 back slaps and 5 chest thrusts
≥ 1 year: abdominal thrusts

If patient becomes unconscious begin CPR¹

< 1 year: 5 back slaps and 5 chest thrusts
≥ 1 year: abdominal thrusts

Continue until relieved

If patient becomes unconscious begin CPR¹

Allow to cough

NO

Transport and contact Medical Control as appropriate

1 – Pediatric CPR rates: 1 rescuer = 30 compressions: 2 ventilations
2 rescuers = 15 compressions: 2 ventilations