

ADULT	PEDIATRIC
BLS Pro	ocedures
 Abdominal thrusts in rapid sequence. If ineffective, or patient is obese or late-stage pregnancy, consider chest thrusts. If able to visualize a foreign body, attempt to remove it. Assist ventilations with BVM If patient becomes unresponsive, begin CPR 	 <u>Patients less than 1 year old</u> 5 back blows followed by 5 chest compressions. If patient becomes unresponsive, start CPR. <u>Patient greater than 1 year old</u> Abdominal thrusts in a rapid sequence If patient becomes unresponsive, start CPR. If able to visualize foreign body, attempt to remove. Assist ventilations with BVM.
ALS Stan	ding Orders
 If able to visualize the foreign body, use Magill forceps to attempt to remove the obstruction. If airway cannot be managed with BLS measures, consider advanced airway management techniques. 	 If able to visualize the foreign body, use Magill forceps to attempt to remove the obstructions If airway cannot be managed with BLS measures, consider advanced airway management techniques (supraglottic). Do not intubate pediatrics 14 and under.
Needle Cri	cothyrotomy
 If unable to manage obstructions by any other method Needle Cricothyrotomy May only use approved Needle Cricothyrotomy kit. Ventilate using appropriate oxygen delivery method. Attach end-tidal ETCO2 detector 	 If unable to manage obstructions by any other method Needle Cricothyrotomy Minimum age of 5 May only use approved pediatric Needle Cricothyrotor kit. Ventilate using appropriate oxygen delivery method. Attach end-tidal ETCO2 detector

IF NEEDLE CRICOTHYROTOMY IS UNSUCCESSFUL, TRANSPORT TO CLOSEST RECEIVING HOSPITAL

Base Hospital Orders Only

• Contact Base Hospital physician for additional treatment that exceeds written protocol