RESPIRATORY EMERGENCIES
R-1 – AIRWAY OBSTRUCTIONS

PRIORITIES:

- ABCs.
- Determine degree of physiologic distress
- Evaluate respiratory rate, use of accessory muscles, cyanosis, ventilatory effort, level of consciousness.
- Maintain airway, provide oxygen and ventilatory support PRN.
- Early transport (after initiating therapy), if appropriate.
- CODE 3 transport for patients in severe respiratory distress.
- **If suspected Epiglottitis DO NOT attempt airway visualization.**
- Consider causes of airway obstruction such as anaphylaxis, foreign body.
- **EARLY CONTACT OF RECEIVING HOSPITAL**

PATIENT TREATMENT GUIDELINES

CONSCIOUS PATIENT
Able to Speak

- Offer reassurance;
- Encourage coughing;
- Offer O_2 Therapy;
- Cardiac Monitor;
- Frequent suctioning as needed;
- Avoid agitating patient.

CONSCIOUS PATIENT
Unable to Cough or Speak

- Follow the current recommended AHA BLS airway maneuvers;
- Oxygen therapy as indicated;
- Cardiac Monitor;
- Consider IV Access.

UNCONSCIOUS PATIENT
Unable to Ventilate Patient

- Follow the current recommended AHA BLS airway maneuvers;
- If still obstructed, **visualize the airway with the Laryngoscope and remove the foreign body**, if visible;
- Consider **Needle Cricothyrotomy** if above unsuccessful (S4);
- Consider IV Access.

Disrupted Communications
In the event of a "disrupted communications" situation, the EMT-P in Solano County may utilize all portions of this treatment protocol without Base Hospital contact as is needed to stabilize an immediate patient.