



CHOKING - EMERGENCY

(ISS MED/3A - ALL/FIN)



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OBSTRUCTED AIRWAY - CONSCIOUS ADULT

	<p>1. Are you choking?</p> <p>Victim may be using Universal Distress Signal of choking: clutching neck between thumb, index finger.</p>
	<p>2. Perform Heimlich Maneuver.</p> <p>Repeat thrusts until either foreign body expelled or victim becomes unconscious.</p>


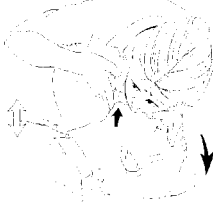
WITH OBSTRUCTED AIRWAY - BECOMES UNCONSCIOUS

ALSP
(red)

	<p>3. If victim becomes unconscious, perform finger sweep.</p> <p>4. Holding mouth open, look quickly for foreign body. If foreign body visualized, attempt removal with fingers or Magill Forceps (Airway-13).</p>
	<p>5. Open airway - Head-Tilt/Chin Lift</p> <p>Attempt to ventilate by mouth-to-mouth resuscitation with two breaths.</p>

	<p>6. Perform five abdominal thrusts.</p> <div data-bbox="820 262 1331 504" style="border: 1px solid black; padding: 5px;"><p style="text-align: center;">NOTE</p><p>If vomiting occurs, wipe mouth with towel and suction with Suction Device. Refer to CARDIOPULMONARY RESUSCITATION: CPR - SUCTION DEVICE ASSEMBLY (SODF: ISS MED: _____)</p></div> <p>If unsuccessful, repeat steps 3 --- 6 two times.</p> <p>If unable to ventilate, refer to CRICOTHYROTOMY TECHNIQUE (SODF: ISS MED: EMERGENCY).</p>
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OBSTRUCTED AIRWAY - UNCONSCIOUS ADULT

	<p>1. Open airway - Head-Tilt/Chin Lift</p>
	<p>2. Attempt to ventilate/mouth-to-mouth.</p> <p>3. Airway remains obstructed, <u>reattempt</u> ventilation.</p>

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	<p>4. Perform five abdominal thrusts.</p> <div data-bbox="820 252 1339 514" style="border: 1px solid black; padding: 5px;"><p style="text-align: center;">NOTE</p><p>If vomiting occurs, wipe mouth with towel and suction with Suction Device. Refer to CARDIOPULMONARY RESUSCITATION: CPR - SUCTION DEVICE ASSEMBLY (SODF: ISS MED: EMERGENCY).</p></div>
	<p>5. Perform finger sweep.</p> <p>6. Holding mouth open, look quickly for foreign body. If foreign body visualized, attempt removal with fingers or Magill Forceps (Airway-13).</p>
	<p>7. Attempt to ventilate.</p> <p>If unsuccessful, repeat steps 4 --- 7 two times.</p> <p>If unable to ventilate, refer to <u>CRICOTHYROTOMY TECHNIQUE</u> (SODF: ISS MED: EMERGENCY).</p>

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CRICOTHYROTOMY TECHNIQUE

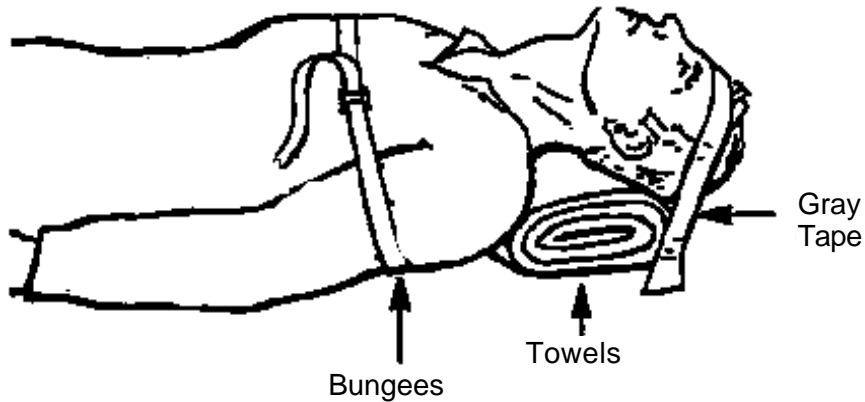
For Victim with Obstructed Airway

Indications

Obstruction of upper airway that cannot be cleared by CPR techniques
Inability to obtain/maintain open airway with tracheal intubation

Procedure

1. Restrain patient on flat surface with Gray Tape, Bungees.
Place rolled Towel(s) under hyperextended neck, restrain head (use Gray Tape, if necessary).



ALSP
(red)

2. Unstow:
 - Scalpel with #10 blade (Airway-8)
 - Tracheostomy Tube (Airway-23)
 - Curved Hemostats (Airway-11)
 - Syringe, 10cc (Airway-12)
 - Gauze Pads (Airway-11)
 - Xylocaine Jelly (Airway-14)
 - Ambu Bag and Mask (ALSP-6)
 - Gloves, Non-Sterile (Airway-4,5,6)
 - Povidone Iodine Swabs (Airway-19)

3. Locate cricothyroid membrane:

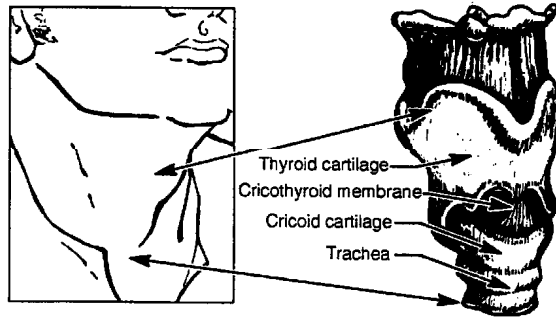
- 3.1 Use index finger to locate Adam's apple (thyroid cartilage).
- 3.2 Slide down, feel for next ridge (cricoid cartilage).

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- 3.3 Feel for small triangular soft spot above this ridge (cricothyroid membrane).



4. Cleanse skin over cricothyroid membrane with Povidone Iodine Swabs.
5. Lubricate end of Tracheostomy Tube with Xylocaine Jelly and have ready.
6. Don Non-Sterile Gloves.
7. Stabilize thyroid cartilage with left hand.
8. Make a 1 cm horizontal skin incision over lower one-half of cricothyroid membrane.
Carefully cut through membrane.
Control bleeding with Gauze Pads, applying direct pressure.

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9. Insert blunt end of Scalpel handle into incision and rotate 90° to open airway.
10. Use Curved Hemostat to open incision for Tracheostomy Tube placement.
11. Insert Tracheostomy Tube into cricothyroid membrane incision. Direct tube downward (toward feet) into trachea.

NOTE

If unable to insert tube, carefully enlarge incision using Scalpel.

12. Inflate Tracheostomy Tube Cuff with approximately 3cc of air from 10cc syringe.
13. Connect Ambu Bag to Tracheostomy Tube.
14. Ventilate lungs by squeezing Ambu Bag until chest rises. Allow for passive exhalation. Repeat every 4 to 5 seconds.
15. Watch for chest rise with each breath. If none, attempt to reposition Tracheostomy Tube and continue ventilation.

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WARNING
Do not interrupt ventilation for > 15 seconds.

- ALSP (red) 16. With Stethoscope (ALSP-1), listen to both sides of chest for equal breath sounds.
If breath sounds not equal
 Reposition tube
 Recheck breath sounds
17. Continue ventilation.
18. Secure Tracheostomy Tube in place with Tape (Airway-18).

- ALSP (red) 19. Attach Pulse Oximeter (Assessment-1) to finger.
 Power ON

<u>NOTE</u> Refer to PULSE OXIMETER BATTERY REPLACEMENT (SODF: MED OPS) for errors and alarms.

- ALSP (red) 20. Evaluate vital signs and record every 5 minutes.

Time (minutes)	0	5	10	15	20	25	30
Blood Pressure (ALSP-4)							
Pulse							
Respiratory Rate							
Temperature							
Pulse Oximeter (Assessment-1)							

21. Monitor ECG.
Refer to CARDIOPULMONARY RESUSCITATION: CPR - ECG D/L - EMERGENCY (SODF: ISS MED: EMERGENCY).
22. Continue resuscitation until spontaneous breathing resumes.