



PAEDIATRIC ACUTE CARE GUIDELINE

Choking

Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

This document should be read in conjunction with this **DISCLAIMER**
<http://kidshealthwa.com/about/disclaimer/>

Choking

Partial Obstruction	Complete Obstruction
<ul style="list-style-type: none"> • Do not attempt to relieve the obstruction • Allow the child to sit upright in the position they feel most comfortable • Arrange urgent transfer to theatre for removal under direct vision (laryngoscopy or bronchoscopy) 	<ul style="list-style-type: none"> • This is usually a sudden and catastrophic event • If obstruction is total, the child rapidly progresses to unconsciousness and cardiorespiratory arrest

TOTAL OBSTRUCTION

Ensure ENT & Anaesthetics are requested URGENTLY

STEP 1: Look in the mouth and throat. If the foreign body is visible, try to remove it under direct vision, preferably using a laryngoscope and Magill's forceps

If unsuccessful
 ↓↓↓

Step 2: Back Blows - place the child prone and head down
 Apply 5 back blows with the open hand to the inter-scapular area

If unsuccessful
 ↓↓↓

Step 3: Chest Thrusts - turn the child face up
 If the obstruction persists, apply 5 chest thrusts using the same technique as for CPR

If unsuccessful repeat Step 1 ↓↓↓
Step 4: Positive Pressure (Bag and Mask) ventilation can be tried in an attempt to force the object down in to one main bronchus
If unsuccessful ↓↓↓
When all else fails, an emergency surgical airway may be needed

General

- Upper airway obstruction may be caused by infection (e.g. epiglottitis, croup), and in these cases attempts to relieve airway obstruction using the methods described below are dangerous
- Children with known or suspected infectious causes of obstruction or those in whom the cause of obstruction are unknown may require anaesthetic management

Management

If the child is coughing, this should be encouraged:

- No intervention should be attempted unless the cough becomes ineffective (quieter) or the child loses consciousness
- **A spontaneous cough is more effective than any manoeuvre**

Active attempts to physically clear the airway should only be performed if:


- The diagnosis of foreign body aspiration is clear-cut or strongly suspected
- The cough is ineffective, dyspnoea is worsening or apnoea or loss of consciousness have occurred
- Airway opening manoeuvres fail to maintain an adequate airway

Tags

airway, choking, cough, coughing, croup, ent, epiglottitis, foreign body, heimlich, inhaled, obstruction, resus, resuscitation, stridor

This document can be made available in alternative formats on request for a person

with a disability.

File Path:			
Document Owner:	Dr Meredith Borland HoD, PMH Emergency Department		
Reviewer / Team:	Kids Health WA Guidelines Team		
Date First Issued:	5 June, 2014	Version:	
Last Reviewed:	7 June, 2017	Review Date:	7 June, 2020
Approved by:	Dr Meredith Borland	Date:	7 June, 2017
Endorsed by:	Medical Advisory Committee	Date:	7 June, 2017
Standards Applicable:	NSQHS Standards: 		
Printed or personally saved electronic copies of this document are considered uncontrolled			