



**PAEDIATRIC ACUTE CARE GUIDELINE**

**Choking**

|                       |                                     |
|-----------------------|-------------------------------------|
| <b>Scope (Staff):</b> | All Emergency Department Clinicians |
| <b>Scope (Area):</b>  | Emergency Department                |

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<http://kidshealthwa.com/about/disclaimer/>

# Choking

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

**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

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

## 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

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