



# EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols



Approved 11/9/16, Effective 2/1/17, replaces all prior versions

## 2B - AIRWAY ESTABLISHMENT / OBSTRUCTION MANAGEMENT ADULT & PEDIATRIC

**TREATMENT PRIORITIES**  
1. Remove obstruction  
2. Oxygenation/Ventilation support

**EMD**

VERIFY IF PATIENT IS CHOKING  
AVOID BACK SLAPS  
ENCOURAGE COUGHING AND BREATHING EFFORTS  
INSTRUCT CALLER IN HEIMLICH MANEUVER IF INDICATED

- EMERGENCY MEDICAL DISPATCHER
- EMERGENCY MEDICAL RESPONDER
- EMT
- EMT-INTERMEDIATE 85
- ADVANCED EMT
- PARAMEDIC

EMR	EMT
<b>GENERAL SUPPORTIVE CARE</b>  <b>ADULTS:</b> HEIMLICH MANEUVER OR ABDOMINAL THRUSTS IF SUPINE (CHEST COMPRESSIONS IF PREGNANT OR MORBID OBESITY) <b>PEDIATRIC:</b> HEIMLICH MANEUVER OR ABDOMINAL THRUSTS IF SUPINE (CHEST COMPRESSIONS IF < 1 YR OLD)  OBTAIN VITAL SIGNS O <sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR (if equipped)  <b>EMT OR HIGHER LICENSE:</b> MEASURE END – TIDAL CO <sub>2</sub> & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated) PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE	

EMT- I85	AEMT
<b>DIRECT LARYNGOSCOPY &amp; REMOVAL OF FOREIGN BODY</b>  <b>ADULT:</b> INTUBATE IF INDICATED  IV ACCESS (IF NEEDED)	

PARAMEDIC
<b>ADULT:</b> MEDICATION ASSISTED INTUBATION IF INDICATED <b>ADULT:</b> CRICOTHYROTOMY FOR COMPLETE, INTRACTABLE OBSTRUCTION <b>PEDIATRIC:</b> PT > 6 YRS OLD, CRICOTHYROTOMY FOR COMPLETE, INTRACTABLE OBSTRUCTION  CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S) CONSULT OLMC IF AIRWAY OBSTRUCTION PERSISTS DESPITE ABOVE MEASURES