

INTRODUCTION

- Foreign body airway obstruction is an uncommon but potentially treatable cause of accidental death.
- In adults, food usually fish, meat or poultry is the commonest cause of obstruction.
- Most cases occur when eating and are therefore usually witnessed. The signs and symptoms vary depending on the degree of airway obstruction (Table 1).

ASSESSMENT

Table 1 – General Signs of Foreign Body Airway Obstruction

GENERAL SIGNS OF FOREIGN BODY AIRWAY OBSTRUCTION Attack usually occurs while eating Patient may clutch his neck	
<p>Signs of mild airway obstruction</p> <p>Response to question – “Are you choking?”</p> <p>Patient speaks and answers “Yes”</p> <p>Other signs</p> <p>Patient is able to:</p> <ul style="list-style-type: none"> • speak • cough • breathe 	<p>Signs of severe airway obstruction</p> <p>Response to question – “Are you choking?”</p> <p>Patient unable to speak</p> <p>Patient may respond by nodding</p> <p>Other signs</p> <ul style="list-style-type: none"> • Patient unable to breathe • Breathing sounds wheezy • Attempts at coughing are silent • Patient may be unconscious

MANAGEMENT

Adult foreign body airway obstruction sequence (see Appendix 1)

NOTE: also suitable for children over the age of 1 year

Signs of mild airway obstruction

- Encourage patient to cough but do nothing else.
- Monitor carefully, rapid transport to hospital.

Signs of severe airway obstruction

If the patient is conscious:

- Apply up to five back slaps, checking to see if each back slap has relieved the obstruction. The aim is to relieve the obstruction with each backslap rather than necessarily to give all five
- If five back slaps do not relieve the airway obstruction, give up to five abdominal thrusts
- If the obstruction is still not relieved, continue alternating five back slaps with five abdominal thrusts.

If the patient at any time becomes unconscious:

- Support the patient carefully to the ground
- Begin BLS with chest compressions (from 4 of the adult BLS sequence). Chest compressions should be initiated even if a pulse is present in the unconscious patient. During CPR, each time the airway is opened the patient’s mouth should be quickly checked for any foreign body that has been partly expelled.

If these measures fail and the airway remains obstructed:

- Attempt to visualise the vocal cords with a laryngoscope
- Remove any visible foreign material with forceps or suction
- If this fails or is not possible, and you are trained in the technique, perform needle cricothyroidotomy.

NOTE:

1. Chest thrusts/compressions generate a higher airway pressure than back blows and finger sweeps.
2. Avoid blind finger sweeps. Manually remove solid material in the airway only if it can be seen.
3. Following successful treatment for FBAO, foreign material may remain in the upper or lower respiratory tract and cause complications later. Patients with a persistent cough, difficulty swallowing or the sensation of an object being stuck in the throat must be assessed further.
4. Abdominal thrusts can cause serious internal injuries and all patients so treated must be assessed for injury in hospital.

Adult Foreign Body Airway Obstruction (FBAO)

Key Points – Adult Foreign Body Airway Obstruction

- Potentially treatable cause of death; often occurs whilst eating.
- Asking the patient “*are you choking?*” can aid diagnosis.
- Backslaps and abdominal thrusts may relieve the obstruction, check after each manoeuvre to see if obstruction is relieved.
- Abdominal thrusts can cause internal injuries and patients should be assessed in hospital.
- Avoid blind finger sweeps; manually remove solid material in the airway **ONLY** if it can be seen.

METHODOLOGY

The methodology describing the development process of the international cardio-pulmonary resuscitation treatments recommendations on which this guideline is based is fully described in the publications listed below.

Morley PT, Zaritsky A. The evidence evaluation process for the 2005 International Consensus Conference on cardio-pulmonary resuscitation and emergency cardiovascular care science with treatment recommendations. *Resuscitation* 2005;67(2-3):167-170.

Zaritsky A, Morley PT. The Evidence Evaluation Process for the 2005 International Consensus Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations. *Circulation* 2005;112(22_suppl):III-128-130.

APPENDIX 1 – Adult Foreign Body Airway Obstruction Treatment Algorithm

