

AIRWAY

- A child will frequently organize themselves into a comfortable posture, where they can breathe better (eg in epiglottitis they hold their head at a particular position)
- **Attempts to improve a partially protected airway may result in a totally compromised airway. Don't mess with their position.**

- HEAD TILT AND CHIN LIFT STILL APPLIES
The desirable positions are:

**In the infant: NEUTRAL
In the child: SNIFFING**

**Patency of the airway is then assessed by
LOOKING, LISTENING and FEELING for 10 seconds**

- In the exam, they expect you to **put your ear to the child's face, looking over the chest to see if it rises and falls**

As always, jaw thrust is there for any situation that calls for C-spine immobilization.

Nobody does the finger sweep anymore. You can clog the airway even more by forcing foreign bodies further into the airway.

BREATHING

- If making the airway patent does not result in some sort of breathing,

Up to 5 rescue breaths should be given to achieve 2 effective breaths

- **In infants, your mouth goes over both nose and mouth.**
 - **In children, it may be necessary to pinch the nose**
- All children are of different weird shapes
 - Slow breaths
 - Lowest pressure (airway pressure may be high because the airway is narrowed)
 - **Chest must be seen to rise**

If airway maneuvers do not yield a patent airway, you have to start thinking about foreign body obstruction