

## **The child who has inhaled something and is CHOKING**

- This is usually the disease of preschool.
- The most inhaled stuffs are foodstuffs.
- Its usually witnessed, and its usually a sudden onset respiratory distress and stridor

There are methods for clearing and airway obstruction : BUT if the child has epiglottitis or croup, that will actually destroy their airway, so:

### **ONLY ATTEMPT THE FOLLOWING IF:**

- Its obvious that the diagnosis is foreign body obstruction
- AND there has been loss of consciousness, ineffective cough or apnoea
- AND the head tilt / chin lift / jaw thrust have failed to open the airway

- Encourage cough first. Spontaneous cough is more effective than any manoeuvre
- Only move on to manoeuvres if they have satisfied the above criteria, i.e. if they have lost consciousness or become apneic.
- **CONSCIOUS CHOKING CHILD**
  - Give 5 back blows
  - Give 5 chest thrusts
  - Repeat assessment
- **UNCONSCIOUS CHOKING CHILD**
  - Open airway, give 5 rescue breaths
  - Start CPR: algorithm is the same.
  - Each time reaths are attempted, look for a foreign body in the airway.
- **Back Blows and chest thrusts: for INFANTS**
  - Put the infant head down on your knee
  - Deliver 5 blows to the back with the free hand
  - If the obstruction is not relieved, turn them over on their back (still head down)
  - Give them 5 chest thrusts: same as cardiac compressions, at a rate of 1 per second
- **Back Blows and chest thrusts: for CHILDREN**
  - Same as above, but you lay them over your lap
- Each time breaths are attempted, look in the airway – can you see a foreign body?
- Once the child is breathing spontaneously, put them in a recovery position of some sort