Departmental Guidelines

Acute URT Obstruction in Adults

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Common causes:

1) Foreign Bodies:
Usually aspirated food boluses.
Other objects found in those with ↓Consciousness and Psychiatric Pts
2) Anaphylaxis/Angioneurotic Oedema
Insect stings, foods (nuts, seafood), antibiotics (penicillin), ACE-I
3) Infective
ALTB, Epiglottitis, Retropharyngeal Abscess, Peritonsillar Abscess
4) Traumatic
Blunt or Penetrating Trauma
5) Neoplastic
(turn around 5->1)

Signs and Symptoms:

- Choking
- Gasping for air / Respiratory distress
- Wheezing, stridor, whistling, or other unusual breathing noises
- **Agitation or fidgeting**
- **Panic**
- Cyanosis
- Changes in consciousness
- Unconsciousness

S&S to look for/NB Sx and Sx and when to intervene
Tachycardia, tachypnea, resp distress sx muscle use, degree of agitation, ability to speak sentences vs words vs nothing (Resp Reserve)
ABG
Clinical judgement as to the tidal volume, length of ins/expiration (Listening)
Level of pt comfort/agitation

S/I: Flow loops, ABG, pulse oximetry may give a false sense of security.
Criteria for intervention

Management:

Time is of the essence. Have equipment prepared and checked beforehand.

Decide: Is it **complete** or **incomplete** obstruction?
What is the most likely **cause** of the obstruction?

Incomplete Obstruction:

Have the pt assume a position of most comfort.
Humidified 02 via non-rebreather mask at 15L/min
Adrenalin nebs, Decadron 4mg q.i.d. I.V.
Suction secretions and monitor pt (clinically, saturations, HR) until such time as definitive care can be given in an appropriate place.
If pt deteriorates (Inability to ventilate, ↓L.O.C.) treat as for complete obstruction.

Flexible Endoscopy, CXR, Soft tissue XR
(Assess the level of obstruction) NB NB NB
Flow diagrams
Steps of management

Complete Obstruction (Suspected FB):

1) Conscious Adult:
   Abdominal Thrusts/ Back slaps.

2) Unconscious Adult (Suspected FB):
   Head Tilt, Chin Lift Manoeuvre.
   Open mouth, look for FB, use finger sweeps to remove.
   Attempt to ventilate
   Laryngoscope and Magills forceps.

3) Unconscious Adult (Other causes, failed FB removal)
   Endotracheal Intubation
   Needle Cricothyroidotomy with Jet ventilation
      Large bore needle through cricothyroid membrane, attached via 2ml syringe/adapter to high pressure 02. Ventilate for 1s, allow passive exhalation for 4s.
      Temp. relief
      Formal sets also available.

Surgical Cricothyroidotomy

Horizontal incision through cricothyroid membrane and insertion of a small E.T. Tube.

Tracheostomy

Low

Percutaneous

Formal surgical tracheostomy

Once the obstruction has been relieved:

1) Continue to monitor Pt
2) Suction regularly
3) Continue O2
4) Assess adequacy of ventilations, consider support as required.

Better to err on the side of intervention