

POLICY: 554.21
TITLE: Airway Obstruction - Stridor

EFFECTIVE: 02/01/2026
REVIEW: 02/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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AIRWAY OBSTRUCTION - STRIDOR

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: if indicated.				X	
SEVERE OBSTRUCTION - UNABLE TO COUGH OR SPEAK CONSIDER CAUSE - FOREIGN BODY OBSTRUCTION					
REMOVE FOREIGN BODY: 5 back blows followed by 5 abdominal thrusts	X	X	X	X	
LARYNGOSCOPY, SUCTION, &/OR MANUAL REMOVAL with Magill Forceps.				X	
REASSESS: repeat basic airway maneuvers until obstruction is cleared or the patient becomes unconscious.				X	
SECURE BLS AIRWAY: consider SGA. If object not visible or lodged below the cords and patient in respiratory failure.			X		
SECURE ADVANCED ALS AIRWAY: consider ETI or SGA. If object not visible or lodged below the cords and patient in respiratory failure.				X	
NEEDLE CRICOTHYROTOMY: if unable to intubate, Quicktrach device. Ventilate with high flow oxygen.				X	
CONSIDER CAUSE – CROUP/EPIGLOTTIS					
POSITION OF COMFORT: minimize stress to patient.	X	X	X	X	
NEBULIZED SALINE: with high flow oxygen.				X	
EPINEPHRINE: 1:1,000 (1 mg/mL) 2.5 mg nebulized.					X

	F	E	O	P	D
AVOID VISUALIZATION OF THROAT: unless ETI required.				X	
NEEDLE CRICOTHYROTOMY: Quicktrach device. Ventilate with high flow oxygen.				X	