



PROCEDURE CHECKLIST

Choking child: foreign body airway obstruction

Stepwise relief of foreign body airway obstruction in infants and children: encourage coughing, back blows and chest or abdominal thrusts, then CPR and removal under direct vision if the child becomes unresponsive.



EM Orbit

Patient reference

Date

Time

Completed by

Equipment ready

- ☐ High-flow oxygen and paediatric masks
- ☐ Suction (rigid Yankauer)
- ☐ Bag-valve-mask in infant and child sizes
- ☐ Laryngoscope (child and infant blades) and paediatric Magill forceps
- ☐ Paediatric airway trolley and front-of-neck access equipment
- ☐ Monitoring: SpO2, ECG
- ☐ Paediatric resuscitation drugs and weight-based dosing per EM Orbit paediatric calculator

Before · Recognise and assess severity

- ☐ Recognise choking: sudden onset, witnessed episode, coughing, gagging, stridor, inability to speak or cry
- ☐ Assess cough effectiveness
- ☐ Shout for help early; in hospital call the paediatric resuscitation and airway team
- ☐ If the cough is effective, encourage the child to keep coughing and stay with them

During · Conscious child with ineffective cough: back blows

- ☐ Infant: support the infant head-down, prone along your forearm, with the head supported by your hand at the jaw
- ☐ Child: lean the child forward, or place a small child across your lap head-down
- ☐ Give up to 5 sharp back blows between the shoulder blades with the heel of the hand
- ☐ Check after each blow whether the obstruction has cleared; stop as soon as it has

During · Conscious child with ineffective cough: thrusts

- ☐ Infant under 1 year: turn the infant supine, head-down, and give up to 5 chest thrusts
- ☐ **Do not use abdominal thrusts in infants**
- ☐ Child over 1 year: stand or kneel behind the child and give up to 5 abdominal thrusts
- ☐ Check after each thrust whether the obstruction has cleared
- ☐ If still obstructed and conscious, repeat cycles of 5 back blows and 5 thrusts

During · Look in the mouth

- ☐ Open the mouth and look for the object after each cycle
- ☐ **Do not perform blind or repeated finger sweeps**
They can push the object further down and cause injury. Remove an object only if it is clearly visible, with a single finger or forceps.

During · Child becomes unresponsive

- ☐ Place the child supine on a firm surface and call for the resuscitation team
- ☐ Open the airway and look for an obvious object; remove it only if visible
- ☐ Give 5 rescue breaths, checking that each makes the chest rise; reposition the airway if not
- ☐ **If there is no response, start chest compressions immediately without checking for signs of circulation**
Continue CPR at 15 compressions to 2 breaths (healthcare providers).
- ☐ Each time you open the airway for breaths, look in the mouth for the object
- ☐ In hospital: perform direct laryngoscopy and remove a visible foreign body with Magill forceps and suction
- ☐ If the obstruction cannot be relieved and the child cannot be oxygenated, proceed to emergency front-of-neck access per paediatric difficult airway guidance

After · After relief of obstruction

- ☐ Assess airway, breathing and circulation and give oxygen as needed
- ☐ **Arrange medical assessment for any child who has received abdominal or chest thrusts, or who has a persisting cough, difficulty swallowing or a feeling of something still stuck**
Thrusts can cause internal injury, and part of the object may remain in the airway.
- ☐ Examine for residual stridor, wheeze, reduced air entry or unilateral signs suggesting a retained or distal foreign body
- ☐ Consider a chest X-ray (inspiratory and expiratory, or lateral decubitus in small children) and a neck film if appropriate
- ☐ Refer to ENT or paediatric surgery for bronchoscopy if a retained foreign body is suspected
- ☐ Give prevention advice to carers: small objects, food size and supervision
- ☐ Document the events, manoeuvres used, the object recovered and the child's condition



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.

EM Orbit · Emergency medicine, in one orbit · proc-child-choking · red rows are the steps that must not be missed