

VC EMS TRAINING BULLETIN

Bulletin 23
Date: January 29, 2014

IMPROVING QUALITY...CONTINUOUSLY



Ventura County Emergency Medical Services Agency

Choking: A Consideration in Cardiac Arrest

In our Cardiac Arrest Management (CAM) training we have emphasized the importance of early and continuous chest compressions. As a result, checking for tracheal obstruction may be delayed or overlooked.

A large study from Europe reported that EMS responders failed to recognize choking was the cause of cardiac arrest in 92% of patients found on autopsy to have a tracheal obstruction. Other studies have shown that choking on food is the sixth leading cause of accidental death in the United States.

For patients who are apneic and pulseless, the possibility of an airway obstruction should be considered under the following circumstances:

- Children less than 3-years-old, especially if seen eating or playing with small items just before collapse.
- A patient who was eating immediately prior to the collapse, particularly if elderly, intoxicated, sedated, developmentally delayed, or has absent teeth (especially molars).
- When bystanders suspect the patient may have choked.

When any of these circumstances exist, the airway should be assessed. EMTs should **inspect the mouth** and look for **adequate chest rise** with BVM ventilation. Paramedics should perform **direct laryngoscopy** and check for a regular **capnography waveform** (not just a numerical value for EtCO₂).

"Good compliance" with a BVM during airway management is NOT a reliable way to evaluate for tracheal obstruction. Good compliance only means that air/oxygen is going past the tongue. If the trachea is completely occluded the ventilations will go down the esophagus and BVM ventilation may have normal compliance.

For questions, please contact the EMS Agency.

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