



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

ABDOMINAL THRUSTS: Foreign Body Obstruction and Management

Effective Date: September 30, 2019

Policy: PH-16

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- I. PURPOSE:** Abdominal Thrusts, also known as the “Heimlich Maneuver,” are a technique to relieve choking in a responsive victim.
- II. POLICY:** The Abdominal Thrusts technique will be utilized for choking victims 1 year of age or older as outlined in this procedure.
- III. DEFINITIONS:**
 - A. Cardio Pulmonary Resuscitation:** An emergency first aid procedure which consists of immediate recognition of cardiac arrest, activation of the emergency response system, providing artificial circulation by means of external cardiac compressions, opening and maintaining a patent airway, providing artificial ventilation by means of rescue breathing, and rapid defibrillation if indicated.
 - B. CAB:** An acronym used in **CPR** training which stands for **C**ompressions, **A**irway, **B**reathing and is taught on **AHA CPR** courses. The **CAB** acronym is designed to emphasize the importance of quality chest compressions over the delivery of rescue breaths.
 - C. Rescue Breathing:** A technique used to **resuscitate a person who has stopped breathing**, in which the rescuer forces air into the victim's lungs at intervals of several seconds, usually by exhaling into the victim's mouth or nose or into a mask fitted over the victim's mouth.
- IV. RESPONSIBILITIES:**
 - A.** Staff Development will train all newly hired staff during their orientation period and provide renewal training.
 - B.** All staff are to respond as outlined in this policy.
- V. PROCEDURE:**
 - A.** Determine if the patient is choking by asking, “Are you choking?” If the victim nods their head “yes” without speaking, they have a severe airway obstruction. Recognize most people will clutch at their throat when they are choking. Activate the emergency response system (dial 7440) immediately if the patient is having difficulty breathing. If another staff member is present, have the other staff member activate the system.

- B. If the victim is able to speak or cough, encourage the person to continue to cough. If they are coughing, there is an exchange of air and it is not necessary to perform Abdominal Thrusts. Do not interfere with the victim's own attempts to expel the foreign body. Stay with the victim and monitor his or her condition. If mild airway obstruction persists, activate the emergency response system (dial 7440).
- C. If the victim is unable to cough or has a weak exchange of air, perform the Abdominal Thrusts as outlined below.
 - 1. **RESPONSIVE VICTIM:** Stand behind the victim. Place your fist (thumb against victim's abdomen) approximately one (1) inch above the person's navel. Grasp your fist with your other hand. Give quick, forceful upward thrusts. Each thrust is a separate attempt to dislodge the object. Repeat thrusts until the object is dislodged, or until the victim loses consciousness. If object is dislodged, the person should be seen by a physician as soon as possible.
 - 2. **UNRESPONSIVE VICTIM:**
 - a. If a choking victim becomes unresponsive, establish unresponsiveness by tapping victim and shouting, "Are you alright?" Check the victim's breathing. If the victim is unresponsive and apneic or only gasping, call for help or activate the emergency response system (dial 7440).
 - b. Lower the victim to the ground and begin Cardio Pulmonary Resuscitation (CPR) (see MSH policy PH, 15, Cardio Pulmonary Resuscitation), starting with compressions (do not check for a pulse).
 - c. Open the victim's airway using the head-tilt, chin-lift maneuver. Each time you open the airway, look for an object in the victim's mouth. If you see an object that can easily be removed, remove it with your fingers. If you do not see an object, keep doing CPR. **DO NOT** perform a blind finger-sweep to retrieve a foreign object from the victim's airway. Remove visible objects only. After about 5 cycles or 2 minutes of CPR, activate the emergency response system if someone has not already done so.

Sometimes the choking victim may be unresponsive when you first encounter him or her. In this circumstance you probably will not know that an airway obstruction exists. Activate the emergency response system and start CPR (CAB sequence).

- 3. **CHEST THRUSTS:**
 - a. If abdominal thrusts are ineffective, consider using chest thrusts. Chest thrusts force air out of the lungs to create an artificial cough. Chest thrusts should be used for obese adults or women who are in their late stages of pregnancy.

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- b. If the victim is conscious, stand behind them, placing your arms under their armpits and around their chest. Place the thumb side of your clenched fist against the middle of the sternum. Use your other hand to grab your fist and perform a chest thrust. Make sure to use enough force, and continue with chest thrusts until victim expels object or becomes unconscious.
 - c. If the victim loses consciousness, carefully lower the victim to the floor and follow the steps used for an unresponsive victim, as outlined above.
- D. Continue process until:
- 1. The victim begins breathing on their own.
 - 2. Another trained rescuer takes over for you.
 - 3. EMS personnel arrive and take over for you.
 - 4. The scene becomes unsafe for you.
 - 5. A physician assumes responsibility.
 - 6. You are too exhausted to continue.
- VI. REFERENCES:** American Heart Association BLS for Healthcare Providers, *Lippincott's Nursing Procedures* (6th ed.) (2013). Foreign Body Obstruction and Management (pp. 312-313). Ambler, PA: Lippincott Williams & Wilkins.
- VII. COLLABORATED WITH:** Hospital Administrator; Medical Director; Director of Nursing; Staff Development Coordinator.
- VIII. RESCISSIONS:** None, new policy.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing.
- XII. ATTACHMENTS:** None.

Signatures:

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