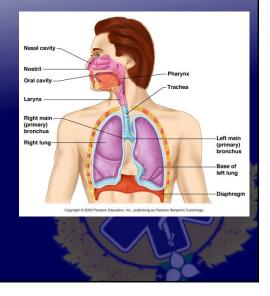




- Nose
- Mouth
- Pharynx (throat)
- Epiglottis
- Trachea (windpipe)
- Bronchi
- Lungs
- Diaphragm

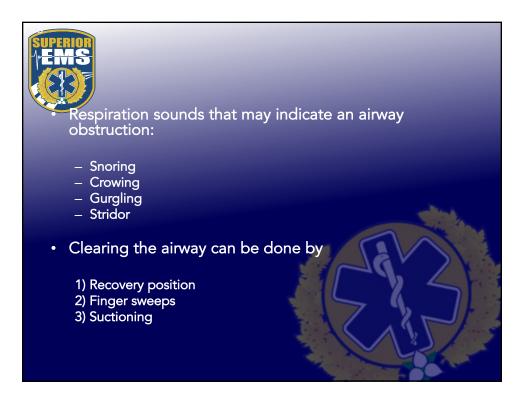


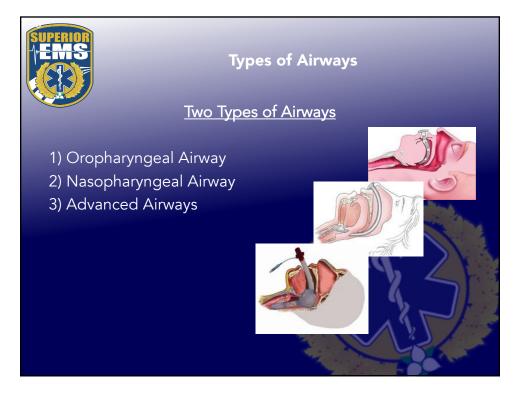


Before preparing to open the airway and ventilate, consider the differences between airways of an adult and a child.

- Nose and mouth
- Tongue
- Epiglottis
- Cricoid cartilage
- Trachea

| EMS | Normal Respiratory Rates | | | |
|------------|--------------------------|-----------------------------|------------|--|
| | N | | | |
| | Patient | Breathing Rate | | |
| | Infant | up to 60 breaths per minute | The second | |
| | Child | 20-40 breaths per minute | 1.1 | |
| | Adult | 12-20 breaths per minute | | |
| | Copyright © 2010 | 51.1 | | |
| | | | | |



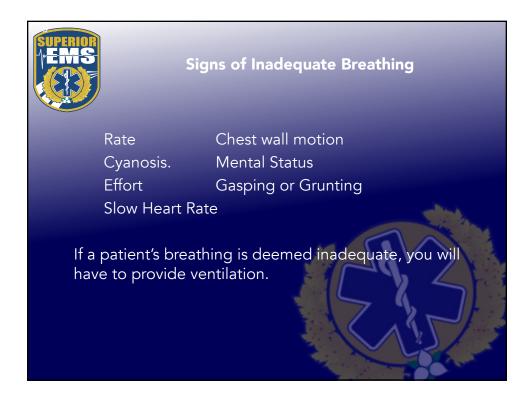


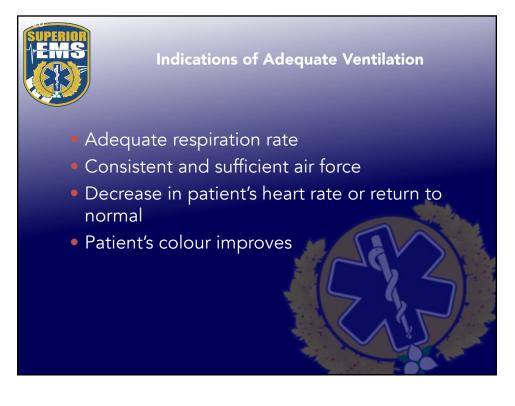


When using an airway adjunct, remember:

- It must be clean and free of obstructions
- It must be of the proper size
- Patients with airway adjuncts can still aspirate
- Patient's mental status and gag reflex will indicate appropriateness of adjunct
- Continually and carefully monitor the patient's mental status









Artificial Ventilation

Artificial ventilation may be administered by

- Mouth to mask
- Mouth to barrier device
- Mouth to mouth
- Mouth to stoma
- Bag valve mask

| SUPERIOR EMIS | | | |
|------------------|---------------------------------------|--|-------------|
| | TABLE 7-2ARTIFICIAL VENTILATION RATES | | |
| | Patient | Ventilation Rate | |
| | Newborn | 40–60 breaths per minute at 1 second each | - Alexandre |
| | Infant/child | 12–20 breaths per minute at 1 second each (approximately one breath every 3–5 seconds) | |
| | Adult | 10–12 breaths per minute at 1 second each (approximately one breath every 5–6 seconds) | 5 |
| | Copyright © 2010 Pearson | Education Canada | |

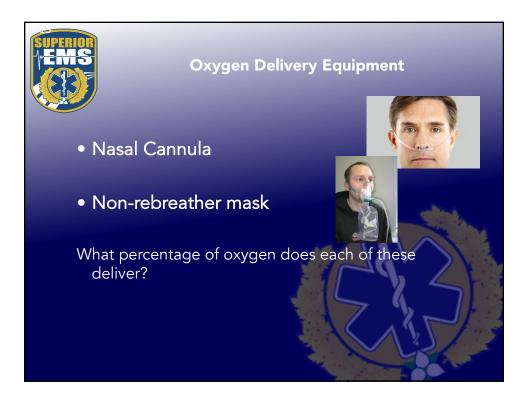


Oxygen Therapy

Conditions that May Require Oxygen Therapy

- 1) Major injury
- 2) Heart or breathing problems
- 3) Shock
- 4) Any condition that prevents efficient oxygen flow throughout body
- 5) Maintaining Oxygen Saturations above 94%













Intervention for the responsive choking patient

- Treating a mild obstruction:
 - Encourage the patient to cough
- Treatment of a severe obstruction:
 - Perform **5** back blows
 - Perform **5** abdominal thrusts
 - Continue until the object becomes dislodged or patient becomes unresponsive
 - Have someone activate EMS





- Ensure EMS is activated
- Perform CPR
 - Just remember to check inside the mouth prior to ventilations to ensure the object didn't come out.





Special considerations

- Pregnancy/Large-Obese Patient
 - 5 back blows followed by 5 chest thrusts
- Patient in a Wheelchair
 - Position wheelchair up against wall, initiate breaks

• Self Assistance

- Activate EMS
- Attempt abdominal thrusts
- Find a chair, use it to make thrusts stronger