A. If spontaneous breathing is present, but impaired:

Pediatric Care (1-8 years)

BLS

1. Maintain a patent airway:
    a) If no trauma is suspected, perform a head tilt-chin lift maneuver. Do not hyperextend the neck.
    b) If cervical spinal injury is suspected, perform a modified jaw thrust maneuver with c-spine stabilization.
2. Evaluate/manage any suspected obstructions.
3. Suction as necessary. DO NOT suction in the case of suspected epiglottitis.
4. Insert an oropharyngeal or nasopharyngeal airway if indicated.
5. Administer supplemental oxygen (**Procedure 1**).

Pediatric Care (Infants <1 year)

BLS

1. Maintain a patent airway:
    a) If no trauma is suspected, place a towel under the shoulders to achieve a neutral in-line or “sniffing” position.
    b) If cervical spinal injury is suspected, perform a modified jaw thrust maneuver.
2. Evaluate/manage any suspected obstructions.
3. Suction as necessary. DO NOT suction in the case of suspected epiglottitis.
4. Insert an oropharyngeal or nasopharyngeal airway if indicated.
5. Administer supplemental oxygen (**Procedure 1**).

B. If spontaneous breathing is absent or markedly compromised:

Pediatric Care (1-8 years)

BLS

1. Maintain a patent airway:

a) If no trauma is suspected, perform a head tilt-chin lift maneuver. Do not hyperextend the neck.

b) If cervical spinal injury is suspected, perform a modified jaw thrust maneuver with c-spine stabilization.

2. Ventilate with the proper size bag-valve-mask supplied with 100% oxygen and a reservoir.

3. If unable to ventilate, consider an airway obstruction and manage appropriately.

ALS

4. Perform endotracheal intubation (oral only) and confirm proper placement (**Procedure 3**).

5. Place a naso/orogastric tube (**Procedure 12**) after performing intubation OR if unable to successfully intubate.

Pediatric Care (Infants <1year)

BLS

1. Open the airway:

a) If no trauma is suspected, place a towel under the shoulders to achieve a neutral in-line or "sniffing" position.

b) If cervical spinal injury is suspected, perform a modified jaw thrust maneuver.

2. Ventilate with the proper size bag-valve-mask supplied with 100% oxygen and a reservoir.

3. If unable to ventilate, consider an airway obstruction and manage appropriately.

ALS

4. Perform endotracheal intubation (oral only) and confirm proper placement (**Procedure 3**).

5. Place a naso/orogastric tube (**Procedure 12**) after performing intubation OR if unable to successfully intubate.

C. For complete airway obstruction in conscious patients:

Pediatric Care (1-8 years)

BLS

1. Perform abdominal thrusts (Heimlich maneuver) continuously until the object is expelled or the patient becomes unconscious.

Pediatric Care (Infant <1 year)

BLS

1. Administer 5 back blows/5 chest compressions continuously until the object is expelled or the patient becomes unconscious.

D. For complete airway obstruction in unconscious patients:

Children according to AHA, ~1-8 years old

BLS

1. Perform 30 chest compressions
2. Open the airway
    a) If you see a foreign object, remove it. DO NOT perform blind finger sweeps
3. Attempt to administer 2 breaths
4. Continue steps 1-3 until the foreign object is expelled.

ALS

5. If the airway remains obstructed, use a laryngoscope to visualize the obstruction and attempt to remove it using the Magill forceps.

MCP

6. If still unable to remove the obstruction:
    a) Perform a needle cricothyrotomy (**Procedure 8**).

Pediatric Care (Infant < 1 year)

BLS

1. Perform 30 chest compressions
2. Open the airway
    a) If you see a foreign object, remove it. DO NOT perform blind finger sweeps
3. Attempt to administer 2 breaths
4. Continue steps 1-3 until the foreign object is expelled.

ALS

5. If the airway remains obstructed, use a laryngoscope to visualize the obstruction and attempt to remove it using the Magill forceps.

MCP

6. If still unable to remove the obstruction:

   a) Perform a needle cricothyrotomy (**Procedure 8**).