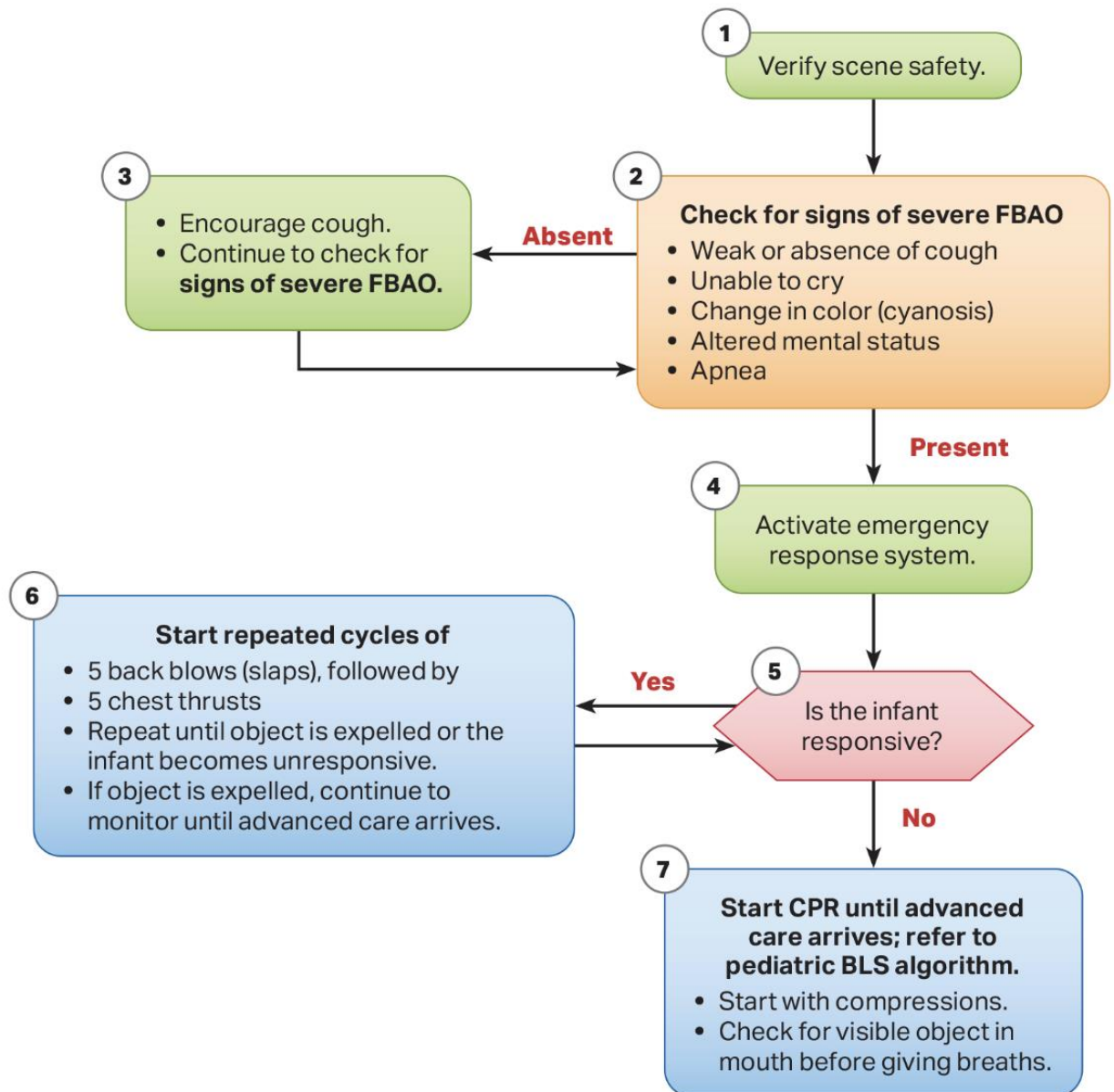


1. INFANT: FOREIGN-BODY AIRWAY OBSTRUCTION:

Infant Foreign-Body Airway Obstruction Algorithm



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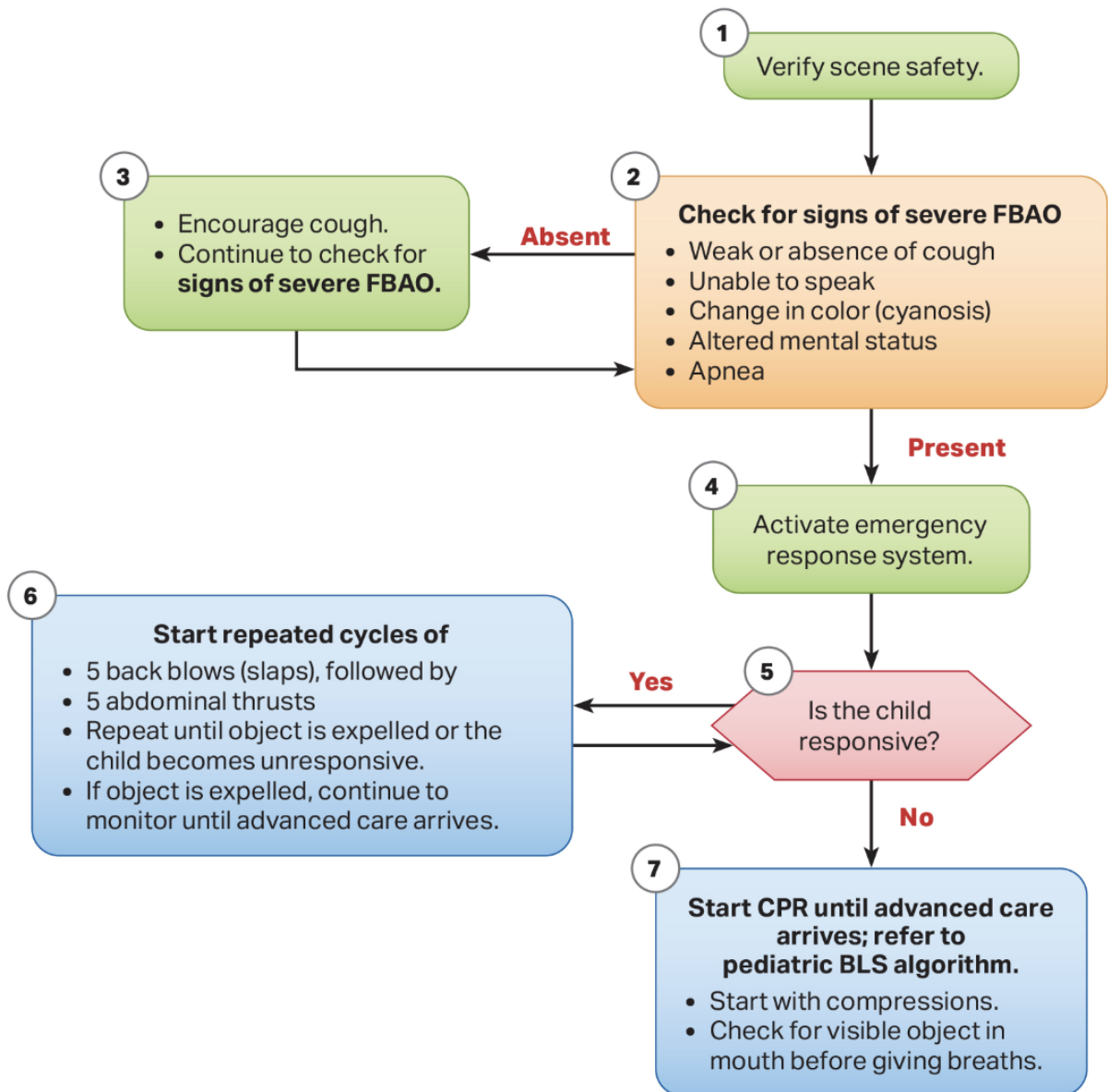
RATIONALE:

2025 (Updated): For infants with severe FBAO, repeated cycles of 5 back blows alternating with 5 chest thrusts should be performed until the object is expelled or the infant becomes unresponsive. Rescuers should activate the emergency response system.

Why: Abdominal thrusts are not recommended for infants, given the potential to cause abdominal organ injury. The heel-of-1-hand technique for chest thrusts is now recommended for infants with severe FBAO. While the heel-of-1-hand technique for chest thrusts resembles chest compressions that are used as part of CPR, there is no focus on the other components of high-quality CPR chest compressions (eg, rate, recoil). For that reason, the term *chest compression* is not used. If infants and children develop severe FBAO, EMS should be promptly activated because these patients can rapidly deteriorate into cardiac arrest.

2. CHILD: FOREIGN-BODY AIRWAY OBSTRUCTION:

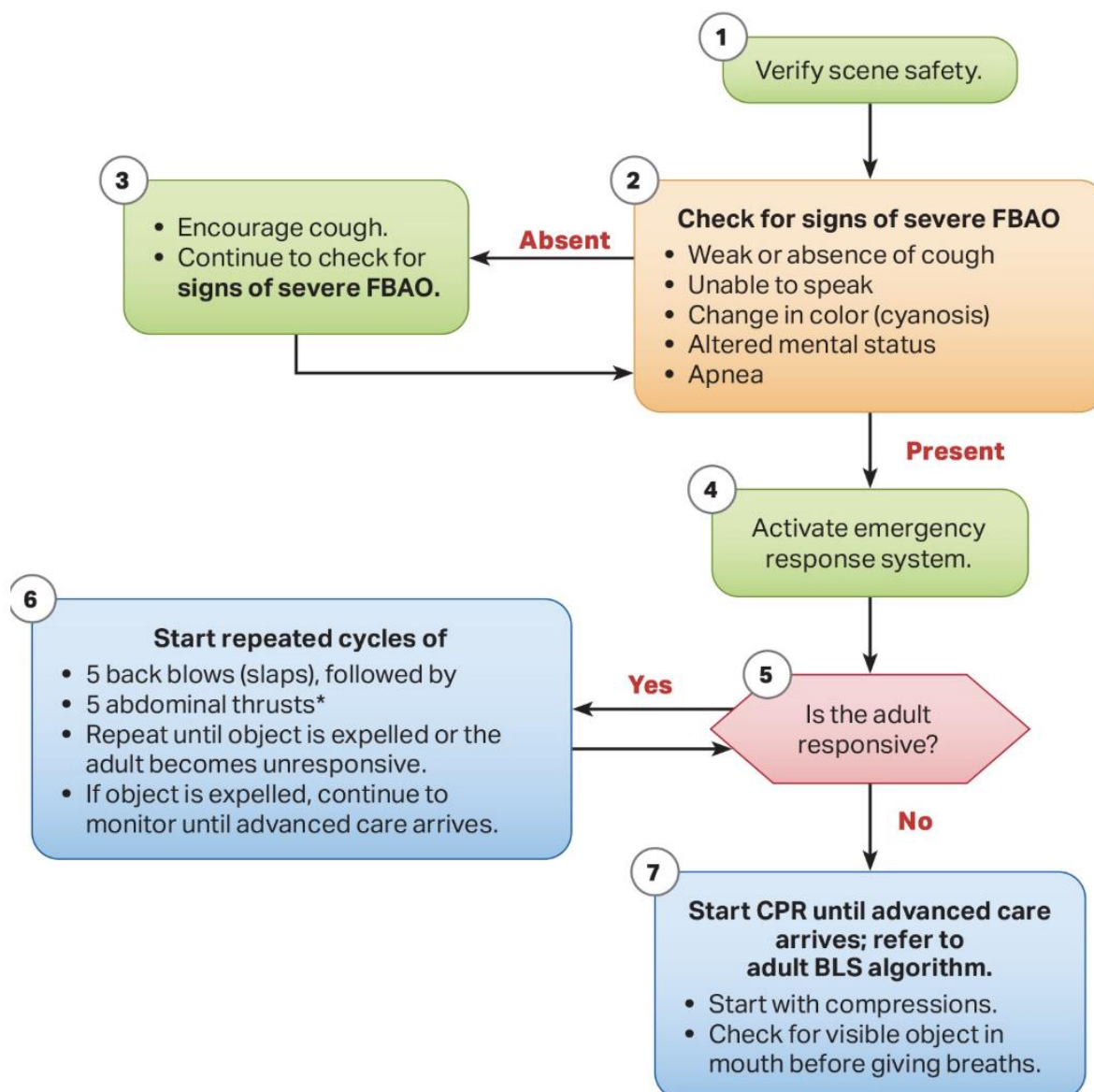
Child Foreign-Body Airway Obstruction Algorithm



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3. ADULT: FOREIGN-BODY AIRWAY OBSTRUCTION:

Adult Foreign-Body Airway Obstruction



*For patients in the late stages of pregnancy, or when the rescuer is unable to encircle the patient's abdomen, 5 chest thrusts should be used instead.