

Adult foreign-body airway obstruction treatment algorithm intradialytic

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The intradialytic intake, the use of dental prostheses, etc justify performing a specific algorithm in case of airway obstruction of hemodialysis patients.

Objective: Adapting the airway obstruction algorithm to hemodialysis usual conditions introducing specific modifications.

Methods: Literature Review of the available evidence. Theoretical analysis of the process. Review of incidents.

A. Initial situation: Incomplete obstruction in conscious patient intradialytic by dental prostheses, food, candies, fluids, secretions, etc.



1. Detection: cough, dyspnea, difficulty speaking, "hands to the throat"
2. Request for help by potentially critical situation
3. Encourage coughing



ineffective

- 4.1. Possibility of standing:**
5 back blows between shoulder blades ↔ 5 Heimlich maneuver

- 4.2. No possibility of standing:**
5 back blows between shoulder blades (supine/Trendelenburg lateralized) ↔ 5 Heimlich maneuver above the patient (on the floor/resuscitation board)



ineffective

B. Evolution: witnessed loss of consciousness by complete obstruction

1. Supine / Trendelenburg
2. Open airway (Forehead - Chin maneuver), verification and extraction:
 - 2.1. Finger sweep if the object can be seen
 - 2.2. Magill forceps with Laryngoscope
 - 2.3. Powerful suction system



ineffective

3. 30 chest compressions (on the floor / resuscitation board)
4. Check mouth and try 2 ventilations by self-inflating bag with mask
5. Cycles of 30 chest compressions / 2 ventilations (checking object before ventilations)
6. Recheck vital signs every 2 minutes



2 minutes



Conclusion/Application to practice:

It can be a nurse tool to overcome the limitations of intradialytic context and effectively achieve the unlocking of the patient.