



## Clinical Work Instruction

<b>Clinical Work Instruction</b>	Removal of an Impacted Foreign Body from the Upper Airway using Magill's Forceps	<b>Document No.</b>	CWI/OPS/029
<b>Date First Created</b>	1 March 2001	<b>Version</b>	3.0
<b>Authorisation</b>	General Manager Clinical and Community Services	<b>Department</b>	Operational Quality & Improvement
<b>Applicable to</b>	All of AV	<b>Date Approved</b>	29 June 2017

### 1. Purpose

This CWI provides guidance in the use of Magill's forceps to remove foreign bodies impacted in the upper airway.

SCOPE OF PRACTICE			
MICA	<input checked="" type="checkbox"/>	ALS	<input checked="" type="checkbox"/>
		BLS	<input checked="" type="checkbox"/>
		CERT/ACO	<input type="checkbox"/>

#### Indications

- Foreign body airway obstruction with altered conscious state

#### Contraindications

- None

#### Clinical Precautions

- None





#### Equipment Required

- Laryngoscope
- Magill's forceps

#### Health, Safety and Welfare

Apply standard precautions. Modify as informed by the dynamic risk assessment. It is recommended that paramedics wear gloves at a minimum.

## 2. Instructions

KEY POINTS	EXPLANATORY NOTE	Y/N
<b>Inspect upper airway with laryngoscope</b> 1. Inspect airway as per CWI/OPS/028.		
<b>Foreign Body Sighted - Prepare Magill forceps</b> 2. Pick-up forceps in right hand: <ul style="list-style-type: none"> <li>grip with thumb and third or ring finger;</li> <li>index finger to steady forceps.</li> </ul>		
<b>Introduce forceps</b> 3. Place tip of forceps in groove of laryngoscope blade. 4. Ensure bend of Magill forceps follows the natural curve of laryngoscope blade. Maintain view. 5. Advance tips of forceps along blade with tips closed.		
<b>Remove visualised impacted foreign body</b> 6. Keep foreign body in sight. 7. Move tips of forceps to within 2 cm of the foreign body. 8. Open tips carefully. 9. Manoeuvre tips to surround body. 10. Carefully grip and remove foreign body gently.		
<b>Check</b> 11. Re-inspect airway. 12. Visualise upper airway, down to vocal cords if possible, ensuring that no visible foreign material remains.		
<b>Assess</b> 13. Check respiratory status. 14. Perform vital sign survey.		



### 3. Assessment

Candidate's Name and date	Comments

Instructor's Name	Satisfactory Y/N

### 4. Summary of changes

Date and Author	Updates
<b>John Moloney</b> <b>James Oswald</b> <b>29 June 2017</b>	<ul style="list-style-type: none"><li>• Reformatting consistent with AV branding</li><li>• Minor changes in wording to ensure consistency and clarity across guidelines</li></ul>

### 5. Clinical Work Instruction Review

This document has been Risk Rated as medium, and therefore will be reviewed and updated according to its review period (3 yearly)

### 6. Related Documents

- CWI/OPS/028 – Inspection of Upper Airway Using a Laryngoscope
- CWI/OPS/030 – Newborn/Infant Straight 'Miller' blade laryngoscope technique

