

# **Clinical Work Instruction**

Clinical Work Removal of an Impacted Foreign Body Document CWI/OPS/029

**Instruction** from the Upper Airway using Magill's **No.** 

Forceps

Date First Created 1 March 2001 Version 3.0

Authorisation General Manager Clinical and Department Operational Quality &

Community Services Improvement

Date All of AV

Applicable toAll of AVApproved29 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 ⊠	ALS ⊠	BLS ⊠	CERT/ACO □

#### **Indications**

· Foreign body airway obstruction with altered conscious state

#### **Contraindications**

None

#### **Clinical Precautions**

None

#### **Equipment Required**

- Laryngoscope
- · Magill's forceps

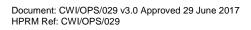
#### Health, Safety and Welfare

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
Inspect upper airway with laryngoscope		
1. Inspect airway as per CWI/OPS/028.		
Foreign Body Sighted - Prepare Magill forceps		
<ul> <li>Pick-up forceps in right hand:</li> <li>grip with thumb and third or ring finger;</li> <li>index finger to steady forceps.</li> </ul>		
Introduce forceps		
<ol> <li>Place tip of forceps in groove of laryngoscope blade.</li> <li>Ensure bend of Magill forceps follows the natural curve of laryngoscope blade. Maintain view.</li> <li>Advance tips of forceps along blade with tips closed.</li> </ol>		
Remove visualised impacted foreign body		
<ol> <li>Keep foreign body in sight.</li> <li>Move tips of forceps to within 2 cm of the foreign body.</li> <li>Open tips carefully.</li> <li>Manoeuvre tips to surround body.</li> <li>Carefully grip and remove foreign body gently.</li> </ol>		
Check		
<ul><li>11. Re-inspect airway.</li><li>12. Visualise upper airway, down to vocal cords if possible, ensuring that no visible foreign material remains.</li></ul>		
Assess		
<ul><li>13. Check respiratory status.</li><li>14. Perform vital sign survey.</li></ul>		





### 3. Assessment

Candidate's Name and date	Comments

Instructor's Name	Satisfactory Y/N

## 4. Summary of changes

Date and Author	Updates
John Moloney James Oswald	Reformatting consistent with AV branding
29 June 2017	Minor changes in wording to ensure consistency and clarity across guidelines

### 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

