

Airway Adjuncts

I General

- A. Always use BSI when inserting or removing airway adjuncts.
- B. Always continuously monitor the patient and airway – suctioning may be required
- C. Patient must have patent airway - adjunct will NOT create an airway – will assist in maintaining an airway established by the “Head-tilt/Chin-lift” (when no spinal injury suspected) or “Jaw Thrust” maneuver (when spinal injury is suspected),
- D. Common types
 - 1. Oral: Oropharyngeal Airway (OPA)
 - a. Inserted into the mouth to prevent the tongue from falling into the pharynx and becoming an obstruction.
 - 2. Nasal: Nasopharyngeal Airway (NPA)
 - a. Inserted into the nose and rests in the pharynx preventing the tongue from becoming an airway obstruction.

II Nasopharyngeal airways (soft, flexible - may be LATEX – check allergies)

A. General

- 1. Used on unresponsive patients or on patients with reduced level of responsiveness requiring assistance maintaining an airway.
- 2. Even though the tube is lubricated, it is a painful stimulus.
- 3. DO NOT USE...
 - a. if evidence of cerebrospinal fluid from nose or ears (indicates a possible skull fracture)
 - b. significant head trauma.
- 4. DO NOT FORCE...
 - a. If difficulty inserting, try other nostril or smaller diameter

B. Sizing

- 1. Measure from the tip of the nose to the earlobe or angle of jaw.
- 2. Proper length assures appropriate diameter.

C. Insertion

- 1. Lubricate the outside of the airway tube with a water-soluble lubricant.
- 2. Gently push tip of nose upwards, keeping head in neutral position.
- 3. Insert airway straight - NOT UPWARDS - into the RIGHT nostril.
 - a. Bevel should be toward the base of the nostril or toward the septum.
- 4. If the airway cannot be inserted into the right nostril, try the left nostril.

III Oropharyngeal airways

A. General

- 1. Used on unresponsive patients without a gag reflex.
 - a. Patients with a gag reflex will vomit.
- 2. REMOVE IMMEDIATELY if patient regains consciousness or begins to gag

B. Sizing (two methods)

- 1. Measure from the corner of the patient's lips to the bottom of the earlobe.
- 2. Measure from the center of lips to angle of jaw.

C. Insertion (with patient's mouth open - use "crossed finger" technique)

- 1. In adults
 - a. To avoid obstructing the airway with the tongue, insert the airway upside down with the tip facing toward the roof of the patient's mouth.
 - ♦ Alternate: Insert with tip facing cheek
 - b. Advance the airway gently until resistance is encountered.
 - c. Turn the airway 180 degrees (or 90 Degrees if sideways) and continue advancing into patient's mouth till the flange rests on the patient's lips/teeth.
- 2. Infants and Children (preferred method)
 - a. Use a tongue depressor to press the tongue down and forward to avoid obstructing the airway.
 - b. Insert airway with the tip sliding along tongue depressor.
 - c. When in OPA is in position, remove tongue depressor