

AIRWAY ADJUNCTS

The tongue is the most common cause of airway obstruction in an unconscious person. Keeping the tongue from blocking the air passage is a high priority. Oropharyngeal (oral) airways (OPAs) and nasopharyngeal (nasal) airways (NPAs) can help you accomplish this task.

- OPAs are inserted into the mouth and are used *only* on unconscious, unresponsive victims with *no* gag reflex (Figure 1). If placed improperly, it can depress the tongue into the back of the throat, further blocking the airway. Once you have positioned the device, use a resuscitation mask or bag-valve-mask resuscitator (BVM) to ventilate a nonbreathing victim. OPAs should not be used if the victim has suffered oral trauma, such as broken teeth, or has recently undergone oral surgery.
- NPAs are inserted into the nose and may be used on a conscious, responsive victim or an unconscious victim (Figure 2). Unlike the oral airway, the nasal airway does not cause the victim to gag. NPAs should not be used on victims with suspected head trauma or skull fracture.

Follow local protocols for the use of OPAs and NPAs.



INSERTING AN ORAL AIRWAY

Notes:

- Always follow standard precautions when providing care.
- Before inserting an OPA, be sure the victim is unresponsive; has no oral trauma, such as broken teeth; and has not had recent oral surgery.
- Use an appropriately sized OPA for the victim.
- If the victim gags, remove the OPA immediately.

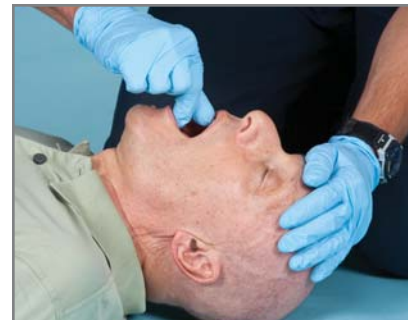
1 SELECT THE PROPER SIZE

- Measure the OPA from the victim's earlobe to the corner of the mouth.



2 OPEN THE VICTIM'S MOUTH

- Use the cross-finger technique to open the victim's mouth.



3 INSERT THE OPA

For an adult:

- Grasp the victim's lower jaw and tongue and lift upward.
- Insert the OPA with the curved end along the roof of the mouth.
- As the tip approaches the back of the mouth, rotate it one-half turn (180 degrees).
- Slide the OPA into the back of the throat.



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SKILL SHEET *Continued*

For a child or an infant:

- Use a tongue blade or a tongue depressor and insert with the tip of the device pointing toward the back of the tongue and throat in the position it will rest in after insertion.
OR
- Insert the OPA sideways and then rotate it 90 degrees.



4 ENSURE CORRECT PLACEMENT

- The flange should rest on the victim's lips.



Note: If the victim vomits, remove and suction the airway, ensuring all debris is removed from the airway. Thoroughly clean the device and reinsert the OPA only if the victim is still unconscious and does not have a gag reflex.

INSERTING A NASAL AIRWAY

Notes:

- Always follow standard precautions when providing care.
- NPAs should not be used on a victim with suspected head trauma or a suspected skull fracture.
- Use an appropriately sized NPA for the victim.

1 SELECT THE PROPER SIZE

- Measure the NPA from the victim's earlobe to the tip of the nostril. Ensure that the diameter of the NPA is not larger than the nostril.



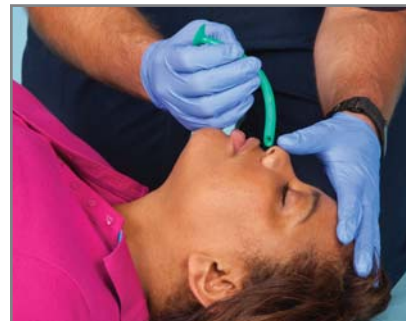
2 LUBRICATE THE NPA

- Use a water-soluble lubricant prior to insertion.



3 INSERT THE NPA

- With the bevel toward the septum (center of the nose), advance the NPA gently, straight in, following the floor of the nose.
- If resistance is felt, do *not* force.
- If you are experiencing problems, try the other nostril.



4 ENSURE CORRECT PLACEMENT

- The flange should rest on the victim's nostril.

