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 nostril 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.
      b. Advance the airway gently until resistance is encountered.
      c. Turn the airway 180 degrees 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 right side up, sliding tip along tongue depressor.
      c. When in OPA is in position, remove tongue depressor