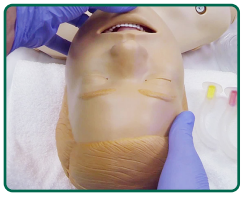
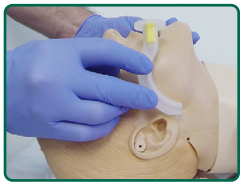
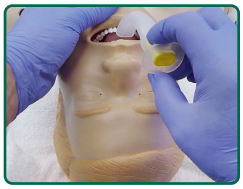
Expert in my pocket

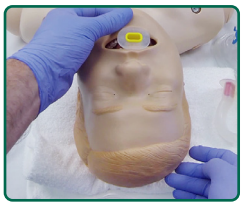
OROPHARYNGEAL AIRWAY

Oropharyngeal Airway









❶ Preparing for the procedure

a. Sanitise hands and don personal protective equipment, nitrile gloves and face shield.

b. Open the airway using head tilt and chin support (consider omitting head tilt where cervical spine injury is suspected).

c. Open the mouth, inspect the airway for obstruction and suction the oral cavity if required. Remove loose dentures but leave well-fitting dentures in place.

d. Select the correct size airway. When the flange of the airway is level with the patient's lips or incisors, the tip of the airway should be level with the angle of the mandible.

e. If necessary, lubricate the airway with water soluble jelly.

❷ Performing the procedure

a. Insert the airway by holding it by the flange with the device inverted so the tip faces the palate. This avoids pushing the tongue posteriorly but increases risk of trauma to the soft palate. If a tongue depressor is used the natural curve is positioned in its normal orientation.

b. Advance the airway into the oral cavity over the top of the tongue, and rotate the airway 180 degrees when the tip passes over the tongue. Advance the airway so that it follows the natural curve of the tongue, ensuring that the lower lip is not pinched. The flange should rest against the lips.

c. Continue to provide jaw support and check for gag reflex. Look, feel and listen for air movement. If the patient is apnoeic or is hypoventilating, ventilate using a bag-mask device.

❸ Complications

a. Insertion of the device can cause trauma to the palate and buccal mucosa. If insertion is difficult, reassess airway size and modify the technique using a tongue depressor and insert the device without inverting the airway. This technique should be used in children.

b. Insertion of the device may trigger a gag reflex and vomiting. If this occurs, remove the device immediately and clear the airway.

Background

In an unconscious patient the tongue may fall against oropharynx and block the airway, and this will impair ventilation. Airway adjuncts such as the OPA are used to maintain an open airway and to facilitate ventilation. These airways are usually reserved for the patient who is unconscious or has diminished muscle tone that increases the risk of airway obstruction. OPA should not be used in patients who still have a gag reflex. Airways should be sized appropriately and not forcibly inserted. Following insertion head tilt and jaw support / thrust must be maintained.

Equipment required

- Full range of oropharyngeal airways to suits neonates, children and adults
- Water-based lubricant
- Nitrile gloves
- Face shield
- Hand sanitiser

References

Australian Resuscitation Council. Guideline 11.6: Equipment and techniques in adult advanced life support [Internet]. 2010 [cited 2014 May 23]. Available from: http://www.resus.org.au/policy/guidelines/section_11/equipment_and_techniques_in_aals.htm

Walls RM, Murphy MF. Manual of emergency airway management. 4th ed. Sydney: Lippincott, Williams & Wilkins; 2008.

Support for this project has been provided by the Australian Government Office for Learning and Teaching.

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