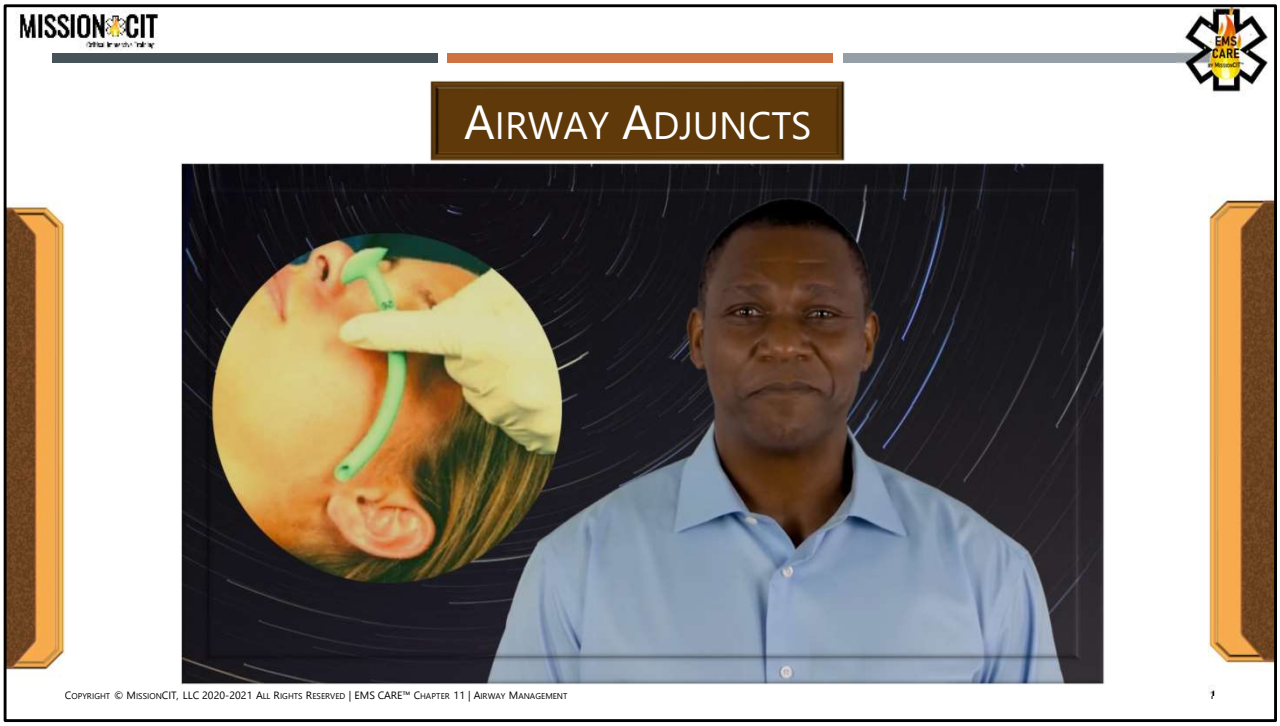


Well, it's good to see you again. I am going to share some very important information about Airway Adjuncts with you.
So now, we will discuss the following six items:
First, we'll talk about the Rules for Airway Adjunct use.
Next, we will discuss key information, about the Oropharyngeal Airway, often called an OPA
Third, we will explore sizing an OPA for a patient,
Fourth, we will go through the process of Inserting an Oropharyngeal Airway. And after the discussion, we have included a detailed video.
Then, in the fifth portion, we discuss The Nasopharyngeal Airway or NPA.
And sixth, we provide process and guidance for Inserting a Nasopharyngeal Airway. Following that, there is another detailed video on its use.
Finally, this section is critical and must be practiced. If schedules are not yet available on this site, please contact your instructor about the available times and locations for the skills validation sessions. Good studying.

Airway Adjuncts

- Airway position and maneuvers are short-term solutions
- Airway adjunct provides longer term air channel
- Two most common airway adjuncts:
  - ✓ Oropharyngeal airway (OPA)
  - ✓ Nasopharyngeal airway (NPA)



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Airway adjuncts may be used to assist initially in the opening of an airway, and then used continually to help keep an airway open.
We have already discussed the airway position and maneuvers. While they may resolve an initial condition, they are often short-term solutions. In situations where the maneuver becomes ineffective, an airway adjunct provides a longer term air channel.
The two most common airway adjuncts are:

1. The Oropharyngeal airway or OPA
2. The Nasopharyngeal airway or NPA

Rules for Using Airway Adjuncts

- Use OPA only on patients not exhibiting gag reflex
- Open patient's airway manually before using adjunct device
- When inserting airway, take care not to push patient's tongue into pharynx



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Here are 3 initial rules for using Airway Adjuncts:

1. Use the OPA, only on patients not exhibiting a gag reflex.
2. Open the patient's airway manually before using the adjunct device.
3. When inserting the airway, take care not to push the patient's tongue into the pharynx.

In addition, for adults, rotate the oral airway while inserting the airway adjunct, so as to move the tongue out of the path of the adjunct.

Rules for Using Airway Adjuncts (Cont.)

- Have suction ready prior to inserting any airway
- Do not continue inserting airway if patient gags
- Maintain head position after adjunct insertion and monitor airway

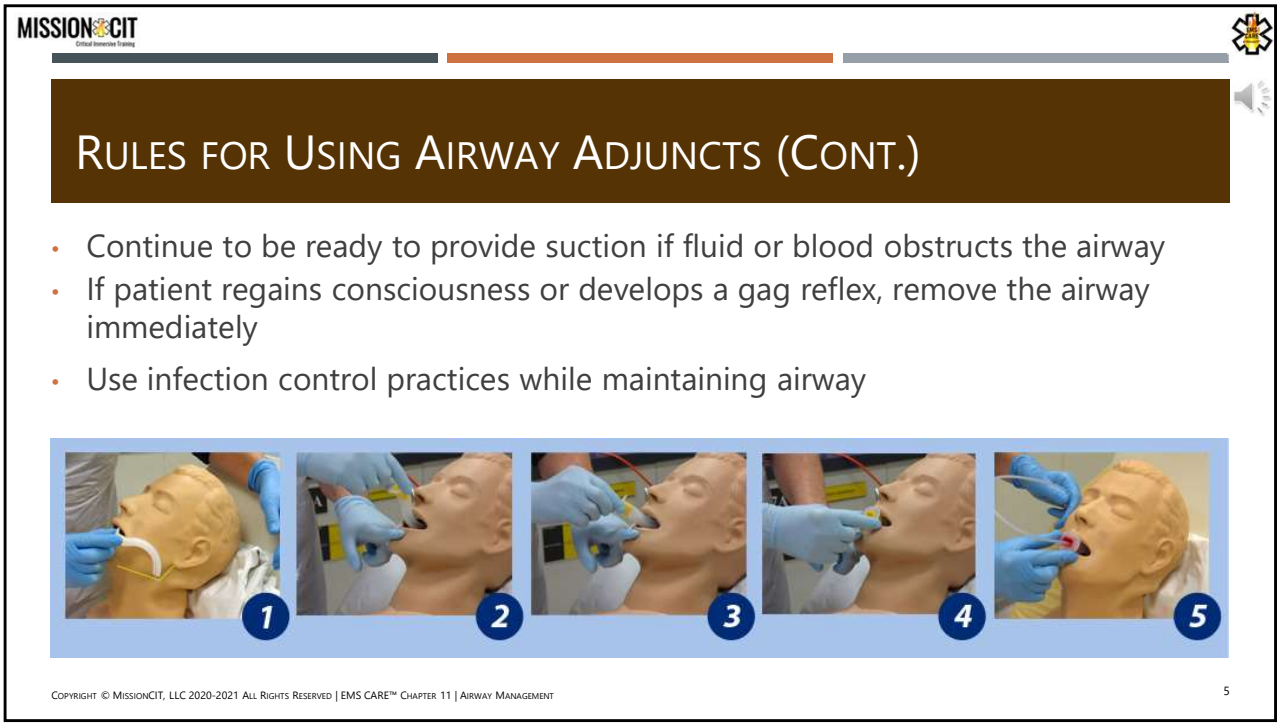


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And here are 3 more rules for Using Airway Adjuncts:

1. Have suction ready prior to inserting any airway.
2. Do not continue inserting the airway if the patient gags.
3. Maintain the patient's head position after the adjunct insertion and monitor the airway.



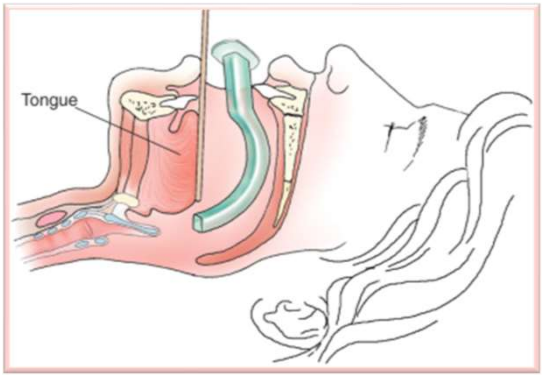
And here are another 3 rules for Using Airway Adjuncts:

1. Continue to be ready to provide suction, if the fluid or blood obstructs the airway.
2. If the patient regains consciousness or develops a gag reflex, remove the airway immediately.
3. Be sure to use strict infection control practices while maintaining the airway.

Now think about how and when you would utilize an adjunct, based upon your personal experience. Do you have a preference? Why. Consider discussion on the forum and/or with your instructor.

Oropharyngeal Airway

- Device used to move tongue forward as it curves back to pharynx
- Different sizes
- Infant to large adult



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So, we are about to discuss the procedures of using and inserting an Oropharyngeal Airway. The slides are iterative and may review and repeat similar conditions or steps. We do this to be sure you have a chance to grasp all parts of the process.
The first thing to know is that the OPA is a device used to move the tongue forward as it curves back to the pharynx. It comes in various sizes from an infant, to a large adult.
Note the tongue depressor in the figure on the page. Consider using one during a procedure.

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OROPHARYNGEAL AIRWAY (CONT.)

- Various Sizes of Oropharyngeal airways
- From the center of the mouth to the angle of the jaw, or from the corner of the mouth to the earlobe



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Sizing of airway adjuncts is very important. The Oropharyngeal Airway is sized by measuring from the center of the mouth to the angle of the jaw, or from the corner of the mouth to the earlobe. The mouth is opened using the “crossed or scissors” finger technique.

Now, be sure you take critical body substance isolation precautions before you measure.

And think about how you went about evaluating the right size to use in your personal experience. What concerns did you have. And How can you do it better?

Sizing Oropharyngeal Airways

- Ensure the oropharyngeal airway is the correct size by checking to make sure it either extends from the center of the mouth to the angle of the jaw or…



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As promised, I will repeat myself a few times throughout this topic. The image at the right shows one of the two sizing techniques we discussed for the Oropharyngeal Airway.

Again, be sure you take critical body substance isolation precautions before you measure.

In this diagram, you can see that the Oropharyngeal Airway is sized by measuring from the center of the mouth to the angle of the jaw.

Sizing Oropharyngeal Airways (Cont.)

- Measure from the corner of the patient's mouth to the tip of the earlobe



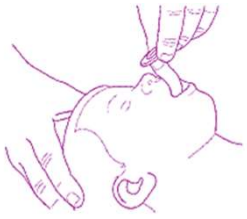
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The image at the right shows the second of the two sizing techniques we discussed for the Oropharyngeal Airway.
Again, be sure you take body substance Isolation precautions before you measure.
So you can see in this picture, that the Oropharyngeal Airway is being sized by measuring from the corner of the mouth to the tip of the earlobe. Now, having seen both methods please take some time to think about what can happen to the patient, if the OPA is incorrectly sized.

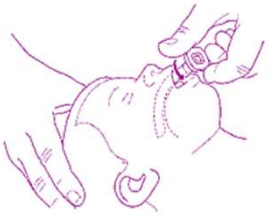
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OROPHARYNGEAL AIRWAY | INSERTING OPA

- Place patient on his back, and use appropriate method to open the airway
- Open mouth with crossed-finger technique
- Position airway with tip pointing toward roof of mouth



concave side up



turning it around

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Now we are going to begin discussing how to insert the Oropharyngeal Airway. Here are the first three steps:

1. Place the patient on their back, and use an appropriate method to open the airway.
2. Open the mouth with the crossed-finger technique.
3. Position the airway with the tip pointing toward the roof of mouth.

INSERTING OPA

- Use the crossed-fingers technique to open the patient's mouth

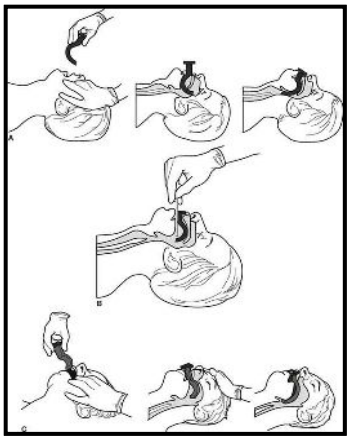


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Here is a diagram showing the mouth being opened using the “crossed or scissors” finger technique.
The crossed or scissors method of opening an unconscious patient's mouth is performed by placing the thumb and index finger of a gloved hand on opposite rows of teeth and then spreading the jaw open.

Oropharyngeal Airway | Inserting OPA

- Insert device along roof of mouth
- Gently rotate airway 180 degrees so tip is pointing down into patient's pharynx
- Position patient
- Check that flange of airway is against patient's lips
- Monitor patient closely



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Now, we are continuing the discussion as to how to insert the Oropharyngeal Airway. Here are the next 5 steps.
Number 4: Insert the device along the roof of the mouth without pushing the tongue back. the Oropharyngeal Airway is inserted upside down, so the tip of the O P A is facing the roof of the patient's mouth.
Number 5: Gently rotate the airway 180 degrees, so the tip is pointing down into the patient's pharynx. Rotate until the flange comes to rest on the patient's lips, and/or teeth.
Number 6: Position the patient.
Number 7: Check that the flange of the airway is against the patient's lips.
Number 8: Monitor the patient closely.
And, two more important things to consider.

1. The Oropharyngeal Airway may be inserted with the pharyngeal curvature, if a tongue blade is used to depress the tongue.
2. If the patient begins to gag or vomit, remove the Oropharyngeal Airway!

Inserting OPA

- Insert the airway with the tip pointing to the roof of the patient's mouth

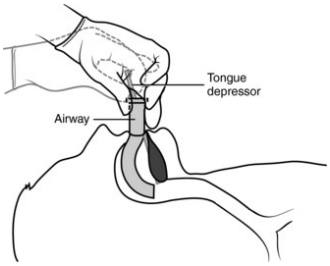


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So, in the spirit of promised redundancy, the diagram on the right shows the tip of the Oropharyngeal Airway being inserted, pointing to the roof of the patient's mouth. Note the hands are gloved. And observe that the right hand is using the scissors technique to keep the mouth open.

Oropharyngeal Airway | Inserting OPA

- Use tongue depressor or rigid suction tip and insert OPA directly





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This diagram shows how to use a tongue depressor or a rigid suction tip to directly insert an Oropharyngeal Airway.
Think about when this technique may be helpful. If you have used it before, what was the situation? And what challenges did you face during the procedure. You may want to discuss on the forum or with your instructor.
Now, please view the video on using an Oropharyngeal Airway.