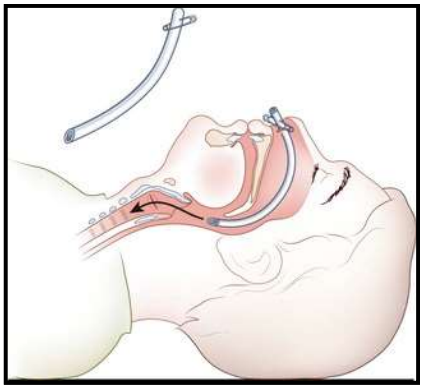
Nasopharyngeal Airway

- Soft, flexible tube inserted through nostril and into hypopharynx
- Moves tongue and soft tissue forward to provide a channel for air



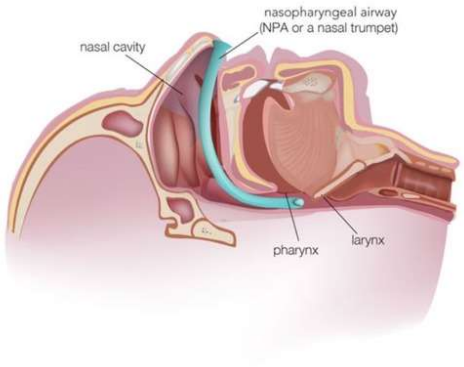
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Now we begin to discuss the Nasopharyngeal Airway, or NPA. While sometimes the NPA is also called a nasal trumpet, because of its flared end, or nose hose. The NPA is a type of airway adjunct, a tube that is designed to be inserted into the nasal passageway to secure an open airway.
In practice, The N P A is a Soft, flexible tube inserted through the nostril, and into the hypopharynx. The Nasopharyngeal Airway Moves the tongue and soft tissue forward to provide an air channel.
Its use prevents the tongue from covering epiglottis in patients with reduced GCS. It is often tolerated better than oropharyngeal airways in more alert patients.

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NASOPHARYNGEAL AIRWAY (CONT.)

- Can be used in patients with intact gag reflex or clenched jaw
- Contraindicated if clear (cerebrospinal) fluid coming from nose or ears



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And now, some information about when to use the Nasopharyngeal Airway:
First, an NPA can be used in patients with an intact gag reflex, or a clenched jaw.
Other indications as to when do use NPA include:
Number 1, when the patient has persistently low oxygen saturation, in spite of preoxygenation efforts, and also has an anticipated difficult airway.
Next, the most common patient population where this is the case is among patients with congestive heart failure or CHF.
Third, when other chronic conditions that should be considered are evident. These include chronic obstructive pulmonary disease (COPD), and asthma.
And number 4, when a CHF patient is already experiencing respiratory distress, and cannot tolerate lying in the supine position.
Importantly, an NPA is contraindicated, if there is the presence of a clear cerebrospinal fluid coming from the nose or the ears. Other Contraindicated conditions include:
First, for the very young pediatric population, as the airway is more anterior and cephalic. Hence, making blind passage of the tube almost impossible.
Next, blind NT intubation should also be avoided in patients with expanding neck hematomas, oropharyngeal trauma, and in patients with apnea, where there are no breaths to guide blind intubation.

Importantly, Absolute contraindications include signs of basilar skull fractures, facial trauma, and disruption of the midface, or the roof of the mouth.
In addition, Relative contraindications include suspected epiglottitis, large nasal polyps, and recent nasal surgery.
Finally, be extremely careful with coagulopathic patients, including those taking anti-coagulants, due to the risk of hemorrhage.

Nasopharyngeal Airway (Cont.)

- Come in various sizes
- Must be measured
- Typical adult sizes
  - ✓ 34, 32, 30, and 28 French

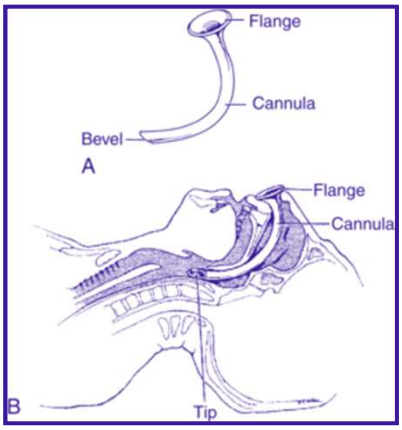


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Nasopharyngeal Airways come in various sizes. First, they must be measured. You can select the proper size airway by measuring from the tip of the patient's earlobe to the tip of the patient's nose. The diameter of the airway should be the largest that will fit. To determine this, choose the size that approximates the diameter of the patient's little finger.
Typical adult sizes are 34, 32, 30, and 28 French.

INSERTING NPA

- Measure for correct size
- Lubricate outside of tube with water-based lubricant before insertion



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So, after taking appropriate body substance isolation precautions, the steps for inserting Nasopharyngeal Airways begin with:
First, measuring for correct size,
And then, lubricating the outside of the tube with a water-based lubricant before insertion.

Inserting NPA (Cont.)

- Measure the nasopharyngeal airway from the patient's nostril to the tip of the earlobe or to the angle of the jaw



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The diagram reviews how to size the NPA. This again shows how to select the proper size airway by measuring from the tip of the patient's earlobe to the tip of the patient's nose. The diameter of the airway should be the largest that will fit. To determine this, select the size that approximates the diameter of the patient's little finger.

Question? Have you experienced a scenario in which the adjuncts might not protect the airway enough. How did you handle it?

Inserting NPA (Cont.)

- Apply a water-based lubricant before insertion



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The diagram shows how to apply a water-based lubricant before NPA insertion. There is a video coming up in a couple of slides, that provides more context on the NPA procedure.

Inserting NPA (Cont.)

- Push tip of nose upward; keep head in neutral position
- Insert into nostril; advance until flange rests firmly against nostril



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Now, the next 2 steps for inserting an NPA are:
Step 3 is to Push the tip of the nose upward; keeping the head in a neutral position.
Step 4 is to Insert into the nostril; advancing until the flange rests firmly against the nostril.
So to review, With the patient's head in a neutral position, gently pull back the tip of the patient's nose. Insert the airway; bevel toward the nasal septum, into the right nostril following the natural curvature of the nasal passage. The flange should rest against the nasal opening.
And here is an important NOTE: If an obstruction or resistance is encountered, do not force the airway. The airway should be removed and inserted in the other nostril.

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INSERTING NPA (CONT.)

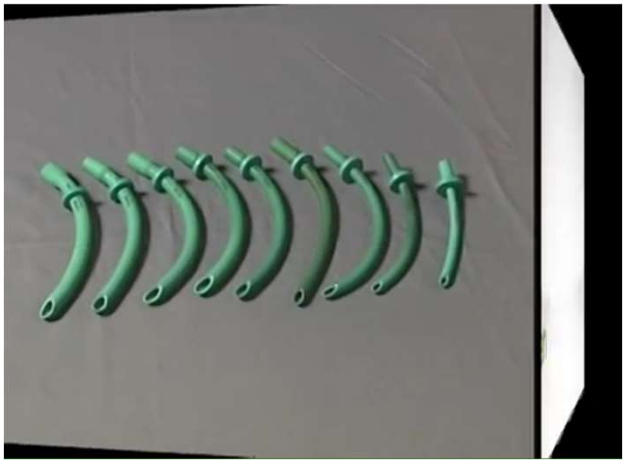
- Gently push the tip of the nose upward, and insert the airway with the beveled side toward the base of the nostril or toward the septum (wall that separates the nostrils)
- Insert the airway, advancing it until the flange rests against the nostril



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Now as a last review for inserting NPA; gently push the tip of the nose upward, and insert the airway with the beveled side toward the base of the nostril. Next, insert the airway, advancing it until the flange rests against the nostril. And to repeat: If an obstruction or resistance is encountered, do not force the airway. The airway should be removed and inserted in the other nostril.
And, following this slide is a video showing an airway manikin. It demonstrates the proper sizing and insertion technique for a nasopharyngeal airway.
Finally, if you don't already see a schedule for the classroom portion of this topic, be sure to check with your instructor to schedule the skills validation session for N P A and O P A.

Nasopharyngeal Airway Insertion – Video



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