VIRGINIA DEPARTMENT OF HEALTH – OFFICE OF EMERGENCY MEDICAL SERVICES

BASIC LIFE SUPPORT - PRACTICAL SKILL TEACHING SHEET

AIRWAY MANAGEMENT

SCENE SIZE-UP

Assess: Need for body substance isolation, Scene safety, Trauma(MOI) or Medical(NOI) nature, and Number of Patients

ASSESSMENT

Perform initial assessment and apply interventions as indicated and necessary.

1. EMERGENCY MEDICAL CARE - SUCTIONING

Turn on suction unit.

Attach a catheter or rigid suction tip to tubing.

- Use rigid catheter when suctioning mouth of an infant or child.
- If required to suction nasal passages, use a bulb suction or French catheter with low to medium suction pressure level.

Insert catheter into the oral cavity without suction, if possible. (Unit off or thumb control uncovered.)

Measure depth from the corner of the patient's lips to the bottom of the earlobe or angle of the jaw.

Insert only to the back of the mouth to pre-measured depth for soft catheter or keep tip of rigid tip within view.

Apply suction. Move catheter tip side to side collecting substances.

Suction for no more than 15 seconds at a time in breathing patient, otherwise repeat suctioning until clear airway is achieved.

- In infants and children, shorter time and lower suction pressure should be used.
- If the patient has secretions or emesis that cannot be cleared quickly and easily, the patient should be log rolled and the oropharynx should be suctioned until the airway is cleared.
- If patient produces frothy secretions as rapidly as suctioning can remove, suction for 15 seconds, artificially ventilate for two minutes, then suction for 15 seconds, and continue in that manner. Consult medical direction for this situation.

If necessary, rinse the catheter and tubing with water to prevent obstruction of the tubing from dried materials between suctioning attempts.

2. EMERGENCY MEDICAL CARE - OROPHARYNGEAL AIRWAYS

May be used to assist in maintaining an open airway on unresponsive patients without a gag reflex.

Patients with a gag reflex may vomit.

Select proper size: Measure from the corner of the patient's lips to the bottom of the earlobe or angle of the jaw.

Open the patient's mouth using accepted technique (Jaw Thrust or Head-Tilt/Chin-Lift).

In adults, insert the airway upside down, with the tip facing toward the roof of the patient's mouth.

Advance the airway until resistance is encountered. Rotate the airway 180 degrees so that it comes to rest with the flange on the patient's teeth.

An alternate method of inserting an oral airway is to insert it right side up, while using a tongue depressor to press the tongue down and forward. **This is the preferred method for airway insertion in an infant or child.**

3. EMERGENCY MEDICAL CARE - NASOPHARYNGEAL AIRWAYS

Nasal airways are less likely to stimulate vomiting and may be used on patients who are responsive but need assistance keeping the tongue from obstructing the airway.

Select the proper size: Measure from the tip of the nose to the tip of the patient's ear. Also consider diameter of the airway in the nostril.

Lubricate the airway with a water soluble lubricant.

Insert airway straight towards the back of the head (Do not angle upwards). Bevel should always face toward the base of the nostril or toward the septum.

If the airway cannot be inserted into one nostril, try the other nostril.

CAUTION: Nasal airways should not be used if blood or other fluids are draining from the nose.