Basic Airway Adjuncts

PROCEDURE

OPA — WHEN AND WHEN NOT

- Holds the tongue off the epiglottis to maintain an open airway
- Use: unconscious / unresponsive patients
- Don't use: gag reflex present
- Neither adjunct will prevent aspiration of stomach contents

OPA — INSERT

- Universal precautions; pre-oxygenate if possible
- Measure from the corner of the mouth to the earlobe
- Grasp the tongue and jaw, lifting anterior
- Insert inverted and rotate 180° into place (a tongue depressor may also be used)
- Ventilate the patient and listen for lung sounds

NPA — WHEN AND WHEN NOT

- Flexible tube through the nasal cavity where oral insertion is not possible; less gag activation
- Use: conscious or semiconscious patients unable to control their airway; clenched jaws; altered LOC with a gag reflex
- Don't use: fluid or blood from the ears or nose, or presence of basilar skull fracture

NPA — INSERT

- Universal precautions; pre-oxygenate if possible
- Measure from the tip of the nose to the earlobe
- Lubricate with water-soluble jelly (KY, Surgilube, or lidocaine)
- Insert (right nare first), bevel toward the septum, angling toward the floor of the nasopharynx
- Reassess the airway; for ventilatory support, a 7.5 mm ET adapter can be inserted into the airway and used with a BVM

Take Home Message:

OPA for the unconscious patient without a gag, NPA when the gag is intact — measure both to the earlobe, and neither one prevents aspiration.