

# EMERGENCY MEDICINE

## AIRWAY SESSION 2014



The University of Sydney

# **BASIC AIRWAY MANAGEMENT**

IN THIS STATION WE WILL BE LOOKING AT BASIC AIRWAY MANAGEMENT  
INCLUDING 'BAG MASK VENTILATION' AND VARIOUS ADJUVANT DEVICES:

## Assessment of Airway and Breathing

In order to assess airway and breathing: *'DR-ABC'*  
Check for **D**anger, **R**esponsiveness of Patient. Remove obvious obstruction from **A**irway then Listen, Look and Feel for **B**reathing:

## Ventilation Devices



## Key Points to Successful Ventilation

- Use two providers wherever possible
  - o <http://www.ncbi.nlm.nih.gov/pubmed/23937957>
- Maintaining a good seal is important for ventilating the patient. This is done in basic terms by lifting the face into the mask and applying a steady downward counter pressure to the mask. Try placing your little, ring and middle fingers of your left hand on the mandible in the shape of the letter 'M' and your thumb and fore finger on the mask in the shape of a 'C'. Now try gentle squeezing the bag to Ventilate.

- Don't 'bag' too fast or hard
  - o We recommend aiming for 10-12 breathes / min.
- If Ventilation is hard consider an adjuvant device
  - o (see discussion below)
- Remember to connect the device to an Oxygen Supply
- If you can't ventilate the patient along ask a colleague to help you by squeezing the bag while you use two hands to manipulate the airway to provide a good seal.
- Failure to Ventilate can be associated with 'MOANS':
  - **Mask Seal** (Size, hands, shape, beard, trauma)
  - **Obesity/Obstruction**  
(Resistance, shape, faster desaturation)
  - **Age** (Over 55 and pregnant women are harder)
  - **No Teeth** (Face 'falls' inward)
  - **Stiff Lungs** (Asthma, COPD etc)

### Adjuvant Devices



The commonly used adjuvant airways include the OROPHARYNGEAL and NASOPHARYGEAL devices.

In the case of difficult ventilation in a patient who is not breathing or in the case of the obtunded (unconscious) patient who is still breathing these devices may help you maintain the airway:

### 1) Nasopharyngeal Airway

- Apply Lubricant and Place pin through airway
- Place through nostril with a slight twisting motion straight back into nasopharynx
- Attempt to ventilate Patient with bag mask
- Avoid use in head injuries, facial injuries and with epistaxis



### 2) Oropharyngeal Airway

- Size the airway from the tragus of the ear to the edge of mouth
- Insert upside down and rotate backwards over the tongue
- In children place the device in the 'right way round' to avoid trauma to the upper oropharynx: