

Oropharyngeal Airways

Training Resource

**Module:
Oropharyngeal
Airways**

**SURF LIFE SAVING
AUSTRALIA**



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Acknowledgments

The Oropharyngeal Airway Training Resource has been prepared and developed under the direction of the National Board of Lifesaving, Surf Life Saving Australia.

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May 2001



MODULE: OROPHARYNGEAL AIRWAY

COURSE DURATION 45 minutes

MODULE PURPOSE

To provide the surf lifesaver with the knowledge and skills to maintain an effective airway through the insertion of an oropharyngeal (guedel) airway.

PREREQUISITES

Candidates must hold a current SLSA Advanced Resuscitation Certificate or be currently training in the Advanced Resuscitation Certificate prior to attending this course. (This module forms part of the SLSA Advanced Resuscitation Certificate)

Candidates must be a minimum of 15 years of age on the date of the assessment.

RELATIONSHIP TO COMPETENCY STANDARDS

The learning outcomes of this module are linked to SLSA competency standards for the recognition and ongoing management of unconsciousness and the Australian Resuscitation Council (ARC) Policy Statements and training guides.

LEARNING OUTCOME DETAILS

On completion of this module the participant will be able to demonstrate competence in the following learning outcomes.

- Demonstrate competence in the ability to insert an oropharyngeal airway on an unconscious victim using the rotation method.
- Have a detailed knowledge of the issues relating to the use of oropharyngeal airways.

ASSESSMENT

The assessment methods for this module may be either in the format of a written or oral theoretical test and practical demonstration of skills.



ASSESSMENT CRITERIA

- Explain the individual characteristics of an oropharyngeal airway.
- Demonstrate the appropriate care and maintenance of an oropharyngeal airway.
- Demonstrate the selection process of an appropriate sized oropharyngeal airway.
- Demonstrate the effective use of an oropharyngeal airway in simulated scenarios.
- Demonstrate how to effectively resolve common problems associated with oropharyngeal airways.
- Identify the appropriate safety precautions to be taken when using an oropharyngeal airway.

Advanced Resuscitation Certificate holders not having completed this oropharyngeal airway module as part of their initial training will be required to successfully complete this module with their proficiency. Practical assessments will consist of an initial proficiency check of the Advanced Resuscitation Certificate (ARC) and through the application of protocols by the use of scenario situations and oral or written questions to demonstrate competency.

RECOGNITION OF PRIOR LEARNING

SLSA recognises prior learning or competencies in one or more of the learning outcomes of this course. Details on how to claim recognition of prior learning can be obtained from SLSA.

PHYSICAL RESOURCES

The physical resources required for this course are as follows:

- Oropharyngeal Airways in various sizes

Optional resources may include:

- CPR manikins and accessories – the manikin should be of a type that allows for the training of airway insertion.
- Audio-visual training resources and equipment.



OROPHARYNGEAL AIRWAYS

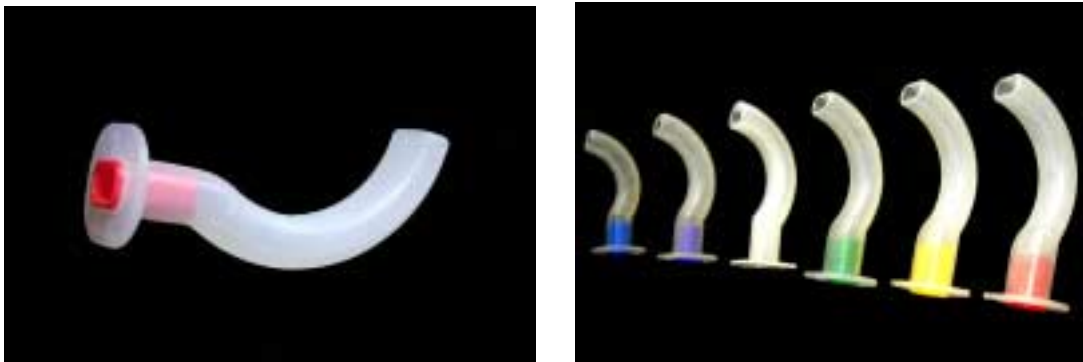
INTRODUCTION

Oropharyngeal (Guedel) airways are curved plastic devices that assist maintenance of an adequate airway in the unconscious patient by keeping the airway clear and the tongue in place. The oropharyngeal airway by itself does not replace correct airway management practices and should only be considered as a tool to assist in the management of a patient's airway.

This module highlights issues relating to the use of oropharyngeal airways and in particular will describe the insertion of the oropharyngeal airway using the 'rotation method'. This method is not recommended in infants or children under the age of 8 years of age.

CHARACTERISTICS OF AN AIRWAY

Oropharyngeal (guedel) airways are a plastic device characterised by a rigid flange and a hollow curved tube. The airways have a flange that, when properly fitted, rest against the patient's lips. This flange does not interfere with an adequate seal from a facemask.



The oropharyngeal airway comes in various sizes allowing for insertion into different sized patients. The smallest oropharyngeal airways are approximately 5cm long and the larger airways are over 10cm.

CARE OF AN OROPHARYNGEAL AIRWAY

The oropharyngeal airway must be stored in an aseptic state, preferably in a clear plastic bag. Oropharyngeal airway should be easily accessible in the first-aid kit, oxygen unit and first-aid rooms.



The oropharyngeal airway should be checked for deformities such as cracks and scratches, if such deformities exist, the oropharyngeal airway should be disposed of or used for training purposes. Oropharyngeal airways that are used specifically for training purposes should be marked with the words 'Training use only'.

After training use, the oropharyngeal airway should be soaked in a solution of 70% alcoholic chlorhexidine (or a suitable substitute) for at least two minutes. It should be then rinsed and dried and then stored separately in a small clean clear plastic bag ready for use.

After use with a patient the contaminated oropharyngeal airway should be disposed of in a safe manner preferably with attending ambulance or medical personnel in an infectious waste bag. If this is not possible, the contaminated oropharyngeal airway should be placed in an infectious waste bag and stored in a safe place until proper disposal can be organised - usually this can be organised through the local hospital.

PERSONAL PROTECTION

The prevalence of strains of Hepatitis and HIV infections in the community has highlighted the need for great care when performing first aid or resuscitation. First aiders must avoid direct contact with the blood and other body substances of the person being treated.



SLSA strongly recommends, for your own safety that you wear protective gloves and use a resuscitation mask for every first aid or resuscitation case.

CHOOSING THE APPROPRIATE SIZED OROPHARYNGEAL AIRWAY

To obtain the correct size oropharyngeal airway, place the airway against the patient's jaw line. The flange, (top flattened end) of the airway will extend from the centre of the patient's lips. The curve of the airway is then run sideways along the patient's jaw. The correct size airway is the one that closely reaches the angle of the patient's jaw. (Pic. 3 & 4)





Pic. 3



Pic. 4

INSERTING AN OROPHARYNGEAL AIRWAY

It is important to remember that oropharyngeal airways must be inserted only into deeply unconscious or non-breathing patients. Insertion of an airway into a conscious patient may induce vomiting, gagging and aspiration.



Oropharyngeal airways must be inserted only into deeply unconscious or non-breathing patients.

The oropharyngeal airway should be inserted into the unconscious breathing patient in the lateral position. When a patient is non breathing the oropharyngeal airway can be inserted with the patient on their side or back.

1. Tilt the patient's head backwards; open the patient's mouth with one hand using jaw support (or jaw thrust, if necessary).
2. With the patient on their side, visually check the patient's airway and manually clear if necessary.
3. Obtain correct size oropharyngeal airway.
4. Remove the oropharyngeal airway from the packet and lubricate using moisture on the lips of the patient or with water.



5. Hold the airway via the flange and with the tip pointing upwards towards the roof of the casualty's mouth, insert the airway into the casualty's mouth to approximately one-third of its length. (Pic. 3)



Pic.5



Pic. 6

6. Whilst gently pushing the airway further in, rotate it 180° until the tip points downwards, at the same time sliding it over the patient's tongue into the back of the pharynx until the flange is touching the lips. (Pic. 6)
7. It should slip easily into place. If it is difficult, stop, re-position the patient's lower jaw and tongue before trying again. Never force it into position, as this may damage the mouth and airway and could cause additional airway obstruction.

REMEMBER THIS

Precautions to take when inserting an oropharyngeal airway

- Ensure lower lip is not pinched between teeth and oropharyngeal airway.
- Ensure that the oropharyngeal airway does not push the tongue backward and block the patient's airway
- Ensure you have adequate head tilt prior to insertion of the airway
- Don't force the airway into the mouth, the airway should slide in easily.



WHEN TO INSERT AN AIRWAY

The use of an oropharyngeal airway is optional during patient management. Rescuers should take less than 15 seconds to correctly size and insert the airway into a patient's mouth. Whether the airway is used or not used the management principles of DRABC do not change.



Ideally the oropharyngeal airway should be inserted into the unconscious patient's mouth after the patient has been rolled onto their side and their airway cleared. However if an airway is not available, it can be inserted later while the unconscious breathing patient is on their side.



The airway can also be inserted during EAR or CPR while the patient is on their back. In this case, rescuers should cease CPR or EAR and quickly insert the airway and then



continue with CPR or EAR. While the airway is being inserted the time could also be used to access a patients pulse and or call for assistance.



The airway should not be inserted during the delivery of External Cardiac Compressions (ECC) as this may compromise the successful insertion of the airway into the mouth and may cause unnecessary injury to the patient.

REMOVAL OF THE AIRWAY

If casualty shows any signs of rejecting the oropharyngeal airway, remove it immediately. In most cases the patient may spit it out. The airway can be easily removed by sliding the airway out of the mouth with its natural curve.



Do not attempt to rotate the airway on removal as this is unnecessary and may cause damage to the mouth and pharynx

REMEMBER THIS

Airways should not be used when the following is present:

- If the patient is conscious or semi-conscious. Insertion of an airway into a conscious patient may induce vomiting, gagging and aspiration.
- If a correct size airway is not available
- If there is a large amount of vomit
- The insertion of oropharyngeal airways by the 'rotation method' (as described in this module) should not be used in children due to the risk of damage to the mouth and pharynx*



Insertion of Oropharyngeal Airway Flowchart

