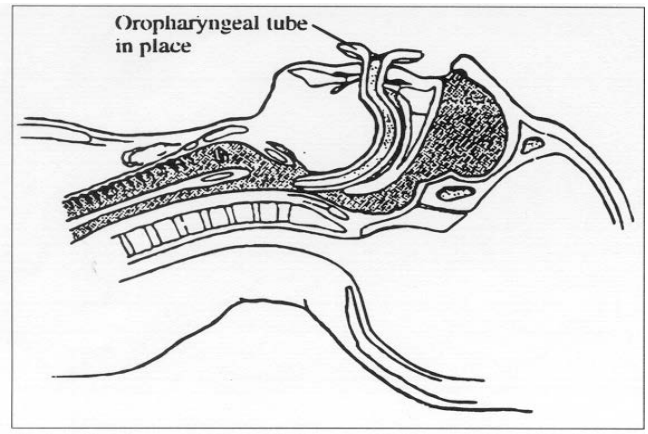
Saskatoon Health Region	Policies & Procedures Title: **AIRWAY – OROPHARYNGEAL: INSERTION; MAINTENANCE; SUCTION; REMOVAL** I.D. Number: **1159**
Authorization [X] SHR Nursing Practice Committee	Source: Nursing Date Revised: September 2014 Date Effective: October 2002 Date Reaffirmed: January 2016 Scope: **SHR Acute, Parkridge Centre**

Any PRINTED version of this document is only accurate up to the date of printing 30-May-16. Saskatoon Health Region (SHR) cannot guarantee the currency or accuracy of any printed policy. Always refer to the Policies and Procedures site for the most current versions of documents in effect. SHR accepts no responsibility for use of this material by any person or organization not associated with SHR. No part of this document may be reproduced in any form for publication without permission of SHR.

1. PURPOSE

1.1 To safely and effectively use Oropharyngeal Airway (OPA).



2. POLICY

2.1 The Registered Nurse (RN), Registered Psychiatric Nurse (RPN), Licensed Practical Nurse (LPN), Graduate Nurse (GN), Graduate Psychiatric Nurse (GPN), Graduate Licensed Practical Nurse (GLPN) will insert, maintain, suction and remove an oropharyngeal airway (OPA).

2.2 The OPA may be inserted to establish and assist in maintaining a patent airway.

2.3 An OPA should only be used in patients with decreased level of consciousness or decreased gag reflex.

2.4 Patients with OPAs that have been inserted for airway protection should not be left unattended due to risk of aspiration if gag reflex returns unexpectedly.

3. PROCEDURE

3.1 Equipment:

- Oropharyngeal airway of appropriate size
- Tongue blade (optional)
- Clean gloves
- Optional: suction equipment, bag-valve-mask device

3.2 Estimate the appropriate size of airway by aligning the tube on the side of the patient's face parallel to the teeth and choosing an airway that extends from the ear lobe to the corner of the mouth. The curve of the airway should follow the curve of the tongue when measuring. When properly placed, the tip of the OPA will be above the epiglottis at the base of the tongue.
Recommended sizes: Large adult – color red, size 5/10 cm;
Medium adult – color yellow, size 4/9 cm;
Small adult – color green, size 3/8 cm.

Note: *An airway too small will push the tongue and further the obstruction. Too large an airway may obstruct the larynx by pushing the epiglottis back.*

3.3 **Adult**

3.3.1 Suction mouth and pharynx to clear airway of secretions so they do not enter the airway during insertion.

3.3.2 Remove dentures if loose.

3.3.3 To prevent trauma to the mouth during insertion, perform head-tilt chin-lift or jaw thrust technique to open the patient's mouth wide.

3.3.4 Insert the airway into the mouth upside down. Slowly move the airway toward the posterior pharynx, until the distal end reaches the back of the hard palate. A tongue blade may be used to hold the tongue on the floor of the mouth. ***This prevents the tongue from being pushed posteriorly.***

3.3.5 Rotate the airway 180° (gently) into its proper position behind the tongue in the posterior pharynx.

Note: *The flange should rest between the patient's teeth. When properly positioned the distal tip is above the posterior pharynx.*
Note: *Do not secure in place due to increased risk of aspiration.*

3.3.6 If gagging, retching or vomiting occurs, remove the airway immediately to prevent aspiration.

3.3.7 Hyperoxygenate and suction pharynx as needed.

3.4 **Neonate / Infant / Child**

Note: *An oral airway is rarely used.*

3.4.1 Use a tongue blade or gloved finger to hold the tongue on the floor of the mouth when inserting an airway. Insert the airway following the curvature of the mouth. Do not invert the airway during insertion.

Note: *The flange should rest between the patient's teeth/gums.*

3.5 Assess airway patency and breathing effectiveness by noting**:**

- Spontaneous breathing
- Chest rise and fall
- Skin color
- General rate and depth of respirations
- Use of accessory muscles
- SpO_2
- Bilateral chest auscultation

3.6 **Maintenance**

3.6.1 Continue to maintain proper head tilt/chin lift or jaw thrust position following insertion of the airway.

3.6.2 Perform mouth care frequently and following suctioning.

3.6.3 Assess area of mouth touching the flange for tissue breakdown.

3.6.4 Suction the mouth around the airway and the pharynx through the airway as needed.

3.6.5 If patient spits out oral airway due to presence of gag reflex, do not reinsert.

3.7 **Suctioning**

3.7.1 Equipment:

- Clean gloves
- Face shield
- Suction catheter
- Suction set-up (regulator, canister, liner, tubing)
- Sterile normal saline

3.7.2 Set the suction gauge at 80-120 mmHg.

3.7.3 Put on clean gloves and face shield.

3.7.4 Choose a suction catheter about one half the diameter of the airway and lubricate the tip with normal saline.

3.7.5 Advance the catheter without applying suction about 2 cm beyond the tip of the airway or less if the patient begins to cough.

Note: *Suctioning further than this is considered a sterile procedure to decrease the incidence of hospital-acquired pneumonia.*
Note: *An assistant may be necessary to stabilize the airway during suctioning.*

3.7.6 Withdraw the catheter while applying suction for no more than 10 seconds.

3.7.7 Rinse the suction catheter with sterile normal saline to clear secretions from the catheter. Assess respiratory status and repeat as necessary.

3.7.8 Discard the suction catheter and used normal saline after use.

3.8 **Removal**

3.8.1 While the patent is exhaling, holds the flange and pulls out the oral airway in one smooth downward motion.

Note: *Withdrawal during expiration prevents aspiration.*

3.8.2 Do mouth care after removal. Examine mouth and lips for signs of swelling, injury or erosion.

3.9 **Documentation**

- Date and time of initial insertion
- Respiratory assessment before and following insertion as per 3.5
- Date and time of removal of airway
- Adverse reactions to procedure and associated nursing interventions
- Size of airway inserted
- Condition of patient's mouth / mucous membranes
- Patient tolerance of procedure.

4. REFERENCES

American Heart Association, 2010, Advanced Cardiac Life Support Provider Manual.

Barash, P. G., Cullen, B, F., Stoelting, R. K., Cahalan, M. K., Stock, M. C. (Eds). (2009). Chapters: Post Anesthesia Recovery; Anesthesia for Trauma and Burn Patients; Airway Management in Clinical Anesthesia. 6th Edition. Philadelphia: Lippincott Williams & Wilkins

Fleisher, G. R., Ludwig, S. (Eds). (2010). Resuscitation—Pediatric Basic and Advanced Life in Textbook of Pediatric Emergency Medicine. 6th Edition. Philadelphia: Lippincott Williams & Wilkins.

Foster, C., Mistry, N. F., Peddi, P. F., Sharma, S. (Eds). (2010). Critical Care in the Washington Manual® of Medical Therapeutics. 33rd Edition.

Irwin, R. S., Rippe, J. M. (Eds). (2008) Irwin and Rippe's Intensive Care Medicine. 6th Edition Philadelphia: Lippincott Williams & Wilkins.

Levine, Wilton C. (Ed.) (2010). Anesthesia for Pediatric Surgery in Handbook of Clinical Anesthesia Procedures of the Massachusetts General Hospital. 8th Edition. Philadelphia: Lippincott Williams & Wilkins

Nettina, S. M. (Ed). (2010). Chapters: Emergent Conditions; Respiratory Function and Therapy in Lippincott Manual of Nursing Practice. 9th Edition. Philadelphia Lippincott Williams & Wilkins

Perry, A. G., Potter, P. A., Ostendorf, W. R. (2014). Inserting an oropharngeal airway In Clinical Nursing Skills and Techniques. 8th ed. St. Louis: Elsevier. Pg.677 - 679

Weigand, D. L., (ed.) (2011) Oropharyrngeal airway Insertion in AACN Procedure Manual for Critical Care. (6th ed). St. Loius: Elsevier Saunders. pp. 74 - 78.