Instructions to the Candidate: Oro/Nasopharyngeal Airways and Suctioning

This station is designed to test your ability to properly measure, insert and remove oropharyngeal and nasopharyngeal airway adjuncts as well as suction a patient’s upper airway. This is an isolated skills test comprised of three separate skills. You may use any equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?

OROPHARYNGEAL (ORAL) AIRWAY

Indications:
• An inadequate airway, or
• Patient with loss of consciousness, without a gag reflex, or not breathing, and
• Need for prolonged artificial ventilation.

Contraindications:
• Conscious or semiconscious patient with an intact gag reflex (the adjunct could cause vomiting or spasm of the vocal cords).
• Inability to introduce the adjunct into the oropharynx secondary to massive trauma.

Risk & Complications:
• Stimulation of gag reflex may increase risk of vomiting, aspiration, or laryngospasm. Be prepared to suction.
• If the chosen adjunct is TOO SHORT, the tip may displace the tongue into oropharynx obstructing the airway or the adjunct will not advance far enough to lift tongue.
• If the chosen adjunct is TOO LONG, the tip may push the epiglottis over the glottic opening or induce laryngospasm.
• If the only choice is between an adjunct that is too long and an adjunct that is too short, choose the adjunct that is TOO LONG. Measure from the corner of the patient’s lips to the bottom of the patient’s ear lobe or angle of jaw and mark the adjunct. Follow proper insertion techniques to the mark and secure the adjunct to prevent it from advancing further.

NASOPHARYNGEAL (NASAL) AIRWAY

Indications:
• A conscious patient with an intact gag reflex.
• An inadequate airway due to a relaxed tongue.
• A patient with decreased level of consciousness who cannot tolerate the oropharyngeal adjunct.
• Trismus, preventing oropharyngeal adjunct insertion.
• Massive trauma to lower jaw, preventing insertion of an oropharyngeal adjunct.

Contraindications:
• Nasopharyngeal adjuncts should not be used in suspected basilar skull fractures or severe nasal injuries.
Risk & Complications:

- Inserting a nasopharyngeal adjunct too far or using a nasopharyngeal adjunct that is too long may stimulate the gag reflex and may cause vomiting and aspiration or laryngospasm.

- Always have suction prepared prior to insertion.

- If the chosen nasopharyngeal adjunct is TOO SHORT, it may not advance far enough to create an adequate airway.

- If the chosen nasopharyngeal adjunct is TOO LONG, the tip may push the epiglottis over the glottic opening or induce laryngospasm.

- If the only choice is between a nasopharyngeal adjunct that is too long and a nasopharyngeal adjunct that is too short, choose the adjunct that is TOO LONG. Measure from the tip of the earlobe to the tip of the nostril and mark the adjunct. Follow proper insertion techniques to the mark and secure the adjunct to prevent the adjunct from advancing further.

- Even if the adjunct is generously lubricated, the nasal passages may still suffer trauma secondary to insertion. Be prepared for epistaxis (nose bleed).
## Oro/Nasopharyngeal Airways and Suctioning

### OROPHARYNGEAL AIRWAY

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take or verbalize standard precautions</td>
<td>1</td>
</tr>
<tr>
<td>Select appropriately sized airway</td>
<td>1</td>
</tr>
<tr>
<td>Measure airway</td>
<td>1</td>
</tr>
<tr>
<td>Insert airway without pushing the tongue posteriorly</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note:** The patient is gagging and becoming conscious

Remove the oropharyngeal airway | 1 |

### SUCTIONING

**Note:** The patient requires suctioning

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn on/prepare suction device</td>
<td>1</td>
</tr>
<tr>
<td>Assure presence of mechanical suction</td>
<td>1</td>
</tr>
<tr>
<td>Insert the suction tip without suction</td>
<td>1</td>
</tr>
<tr>
<td>Apply suction to the oropharynx/nasopharynx</td>
<td>1</td>
</tr>
</tbody>
</table>

### NASOPHARYNGEAL AIRWAY

**Note:** The patient now requires a nasopharyngeal airway

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select appropriately sized airway</td>
<td>1</td>
</tr>
<tr>
<td>Measure airway</td>
<td>1</td>
</tr>
<tr>
<td>Verbalize lubrication of the nasal airway</td>
<td>1</td>
</tr>
<tr>
<td>Fully inserts the airway with the bevel facing toward the septum</td>
<td>1</td>
</tr>
</tbody>
</table>

Total: 13

### Critical Criteria

- Did not take, or verbalize, standard precautions
- Did not obtain a patent airway with the oropharyngeal airway
- Did not obtain a patent airway with the nasopharyngeal airway
- Did not demonstrate an acceptable suction technique
- Any other action or inaction causing patient harm or unnecessary pain