

OROPHARYNGEAL AIRWAY (OPA) INSERTION

- Take Body Substance Isolation precautions
- Measure for correct size
The OPA is sized by measuring from the center of the mouth to the angle of the jaw, or from the corner of the mouth to the earlobe.
- Open the mouth
The mouth is opened using the “crossed or scissors” finger technique.
- Insert the OPA without pushing the tongue back
The OPA is inserted in the patient’s mouth upside down so the tip of the OPA is facing the roof of the patient’s mouth. As the airway is inserted it is rotated 180 degrees until the flange comes to rest on the patient’s lips and/or teeth. The OPA may be inserted with the pharyngeal curvature if a tongue blade is used to depress the tongue.

If patient begins to retch/gag, remove the OPA!

NASOPHARYNGEAL AIRWAY

NOTE: Nasal airways are contraindicated in-patients with severe trauma to the head and/or face.

- Take Body Substance Isolation precautions.
- Select the proper size airway
Select the proper size airway by measuring from the tip of the patient’s earlobe to the tip of the patient’s nose. The diameter of the airway should be the largest that will fit. To determine this, select the size that approximates the diameter of the patient’s little finger.
- Lubricate the airway with a water-soluble lubricant.
- Insert the airway
With the patient’s head in a neutral position, gently pull back the tip of the patient’s nose. Insert the airway; bevel toward the nasal septum, into the *right* nostril following the natural curvature of the nasal passage. The flange should rest against the nasal opening.

NOTE: If an obstruction or resistance is encountered, do not force the airway. The airway should be removed and inserted in the left nostril.