

Oropharyngeal Airways



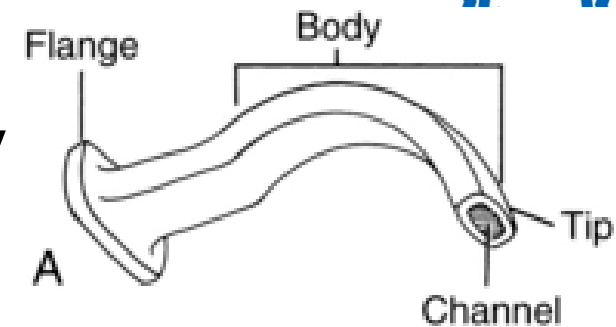
Oropharyngeal Airway

- When a patient has a reduced conscious level, the muscles in the jaw relax allowing the tongue to fall back and obstruct the airway.
- A type of airway adjunct
- Semicircular hollow tube made of hard plastic
- Inserted into mouth that conforms to the curvature of the palate.





Oropharyngeal Airway



- 3 parts: the flange, the body and the tip
- The flange is the piece that protrudes from the mouth and rests against the lips, preventing the device from sinking into the pharynx.
- The body follows the contour of the roof of the mouth, and will curve over and rest on top of the tongue.
- Distal end/tip sits at the base of the tongue.

How to Size

- The correct size OPA is chosen by measuring from the first incisors to the angle of the jaw.
- If too long, it could obstruct breathing by displacing the tongue against the oropharynx.
- If it's too short, it won't be able to hold the tongue away from the pharynx, and patency won't be restored.

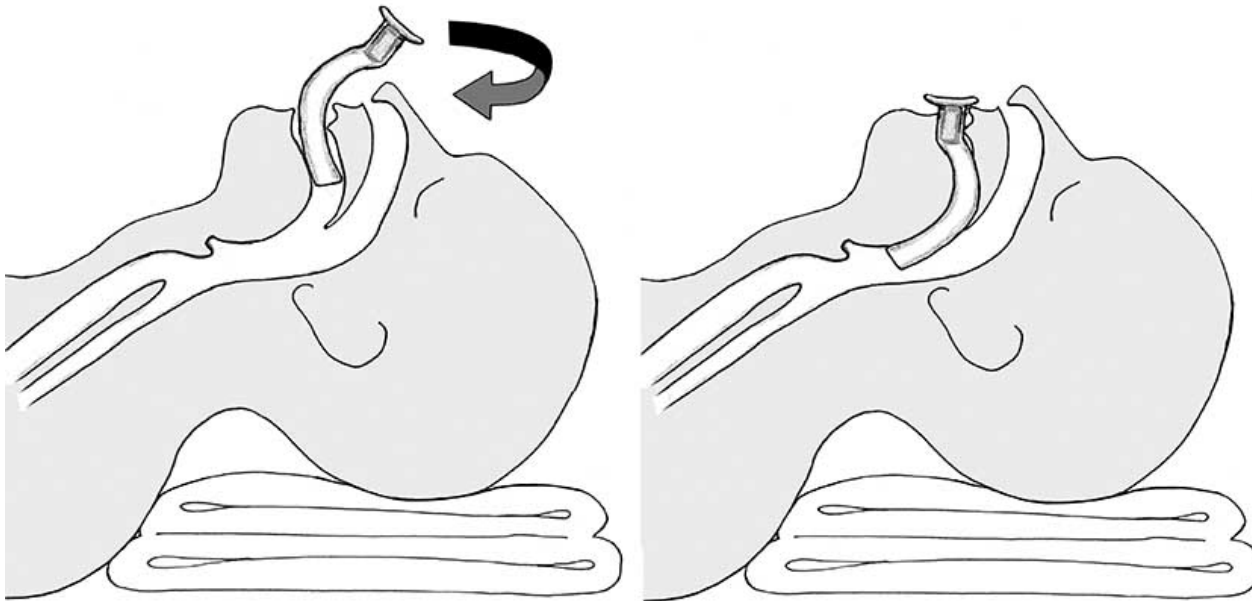


How to insert

- With the patient's mouth wide open, begin inserting the airway upside down, with the curvature toward the tongue to prevent pushing the tongue back.
- Once contact is made with the back of the throat, the airway is rotated 180 degrees.
- If the patient isn't breathing spontaneously or is breathing inadequately, initiate artificial ventilation using a mouth-to-mask or Ambu-bag

How to insert

- After the airway is successfully inserted, frequently check its position to be sure of proper placement.



How to Remove

- The presence of stridor, gasping, or snoring may be an indication of displacement of the airway or be a sign of increasing respiratory distress.
- If the patient gags or appears to be gasping for air after insertion, remove the airway immediately.
- Gently pull the airway outward and downward, following the mouth's natural curvature.

Contraindications

- Patients with an intact gag reflex