



Clinical Practice Procedures:

Airway management/Oropharyngeal airway insertion

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Purpose	To ensure a consistent procedural approach to Oropharyngeal airway insertion.
Scope	Applies to all QAS clinical staff.
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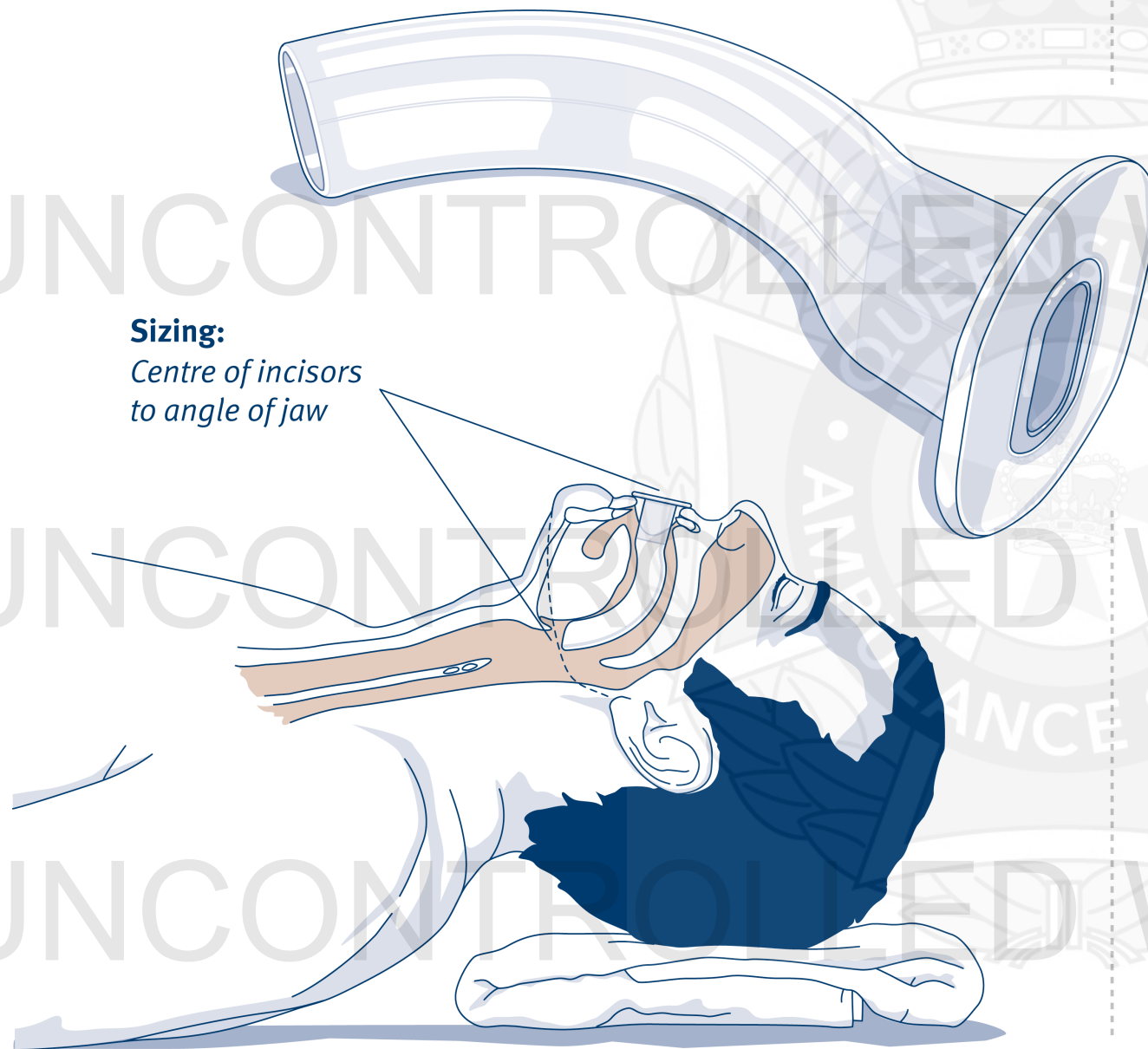


Oropharyngeal airway insertion

April, 2016

An **oropharyngeal airway (OPA)** is an adjunct extending from the lips to the pharynx, preventing the tongue from occluding the airway.^[1]

A modified technique is employed in paediatric patients to avoid hard and soft palate trauma.



Indications



- Maintain airway patency
- Bite block for intubated patients

Contraindications



- Nil in this setting

Complications

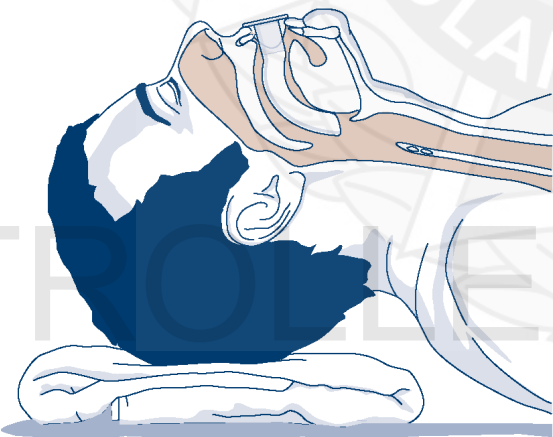
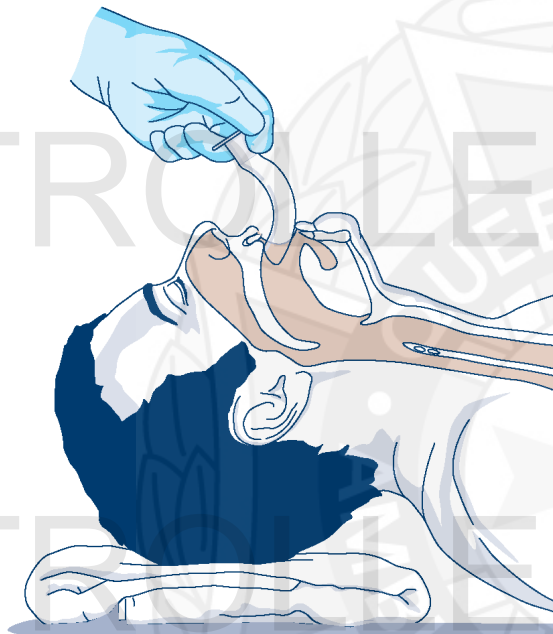


- Airway trauma from OPA placement
- Intolerance of OPA requiring removal
- Can precipitate vomiting/aspiration in patient with intact gag reflex
- Incorrect size or placement can potentially exacerbate airway obstruction

Procedure – Oropharyngeal airway insertion

Adult

1. Identify the correct OPA by measuring from the centre of the patient's incisors/mouth to the angle of the jaw.
2. Insert OPA ensuring the concavity of the adjunct is facing the roof of the mouth.
3. Once a third of the OPA has been inserted, rotate 180° over the tongue (*see below*).



4. Gently advance the OPA until the flange is resting against the lips.

Paediatric

1. Identify the correct OPA by measuring from the centre of the patient's incisors/mouth to the angle of the jaw.
2. Insert OPA ensuring the concavity of the adjunct is facing the floor of the mouth.
3. Gently advance the OPA until the flange is resting against the lips.

+ Additional information

- The QAS supplies OPA in the following sizes:

SPECIFICATIONS	
Size	Suggested population
40 mm	Neonate (under 6 weeks)
50 mm	Infant (1–6 months)
60 mm	Older infants/toddlers (6 months–3 years)
70 mm	Small child (3–10 years)
80 mm	Adolescent/adult female
90 mm	Adult male
100 mm	Large adult male