OUT OF BREATH?
HOW TO EFFECTIVELY USE
NPAS AND OPAS
IN YOUR AIRWAY GAME

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“INADEQUATE VENTILATION AND OXYGENATION HAVE BEEN IDENTIFIED AS PRIMARY CONTRIBUTORS TO PREVENTABLE MORTALITY, BOTH IN HOSPITAL AND OUT OF HOSPITAL.”
INADEQUATE VENTILATION

1. Impaired respiratory effort
2. Airway obstruction
IMPAIRED RESPIRATORY EFFORT

- Observe patient for detection
  - Rate
  - Pattern
  - Depth
  - Accessory muscle use
  - Evidence of injury
AIRWAY OBSTRUCTION

- Noises
- Silent manifestations of complete obstruction
AIRWAY MANEUVERS

Head-Tilt Chin-Lift

Jaw Thrust

http://nursing411.org/Courses/MD0532_Cardiopulmonary_Resuscitation/3-06_Cardiopulmonary_Resuscitation.html
Recognition of Airway Obstruction → Opening the Airway → Maintaining the Airway
ONCE AN AIRWAY IS OPENED, IT MUST BE MAINTAINED!

Airway Adjuncts

- OPA
  - Oropharyngeal Airway

- NPA
  - Nasopharyngeal Airway
OFA - OROPHARYNGEAL AIRWAY
OPA — THE FIT

- Intended to extend from the central incisor to just short of the epiglottis and posterior pharyngeal wall.
- Measure from the lips to the angle of the mandible
- 8-10cm = most adults
OPA - INSERTION

1. Techniques
   - Inserted into the open mouth in an inverted position, with tip sliding along the palate. Upon complete insertion the device is rotated 180 degrees into position.
   - The tongue is pulled forward with a tongue blade and the OPA is inserted in its normal orientation.

2. Insert NPA to adjunct OPA
OPA – POTENTIAL PITFALLS

- Pushing the tongue posteriorly with insertion
- Using the incorrect size
- Trauma to the lips or tongue
- Using the device in a patient with intact reflexes
NPA — NASOPHARYNGEAL AIRWAY
NPA — THE FIT

Diameter

- Size based on internal luminal diameter (about the size of one’s pinky finger)
  - 6.0-9.0 Adult

Length

- Flare end at tip of patients nose and distal tip reaching the angle of the mandible.

1. Coat NPA in water-soluble lubricant/anesthetic jelly
2. Insert device along the floor of the naris into the posterior pharynx behind the tongue
NPA- POTENTIAL PITFALLS

- Using improper size
- Injury to the nasal mucosa
- Insertion in patient with basilar skull fracture
**OPA VS. NPA**

**OPA**
- More reliable airway maintenance
- Unresponsive patient

**NPA**
- Better if gag or cough reflexes are intact.
- Semi-responsive patient
- Assist with OPA in unresponsive.
SUPRAGLOTTIC/INFRAGLOTTIC DEVICES

Indications:

▪ BMV is difficult / if intubation has failed

▪ Single attempt rescue device performed simultaneously with preparation for cricothyrotomy in the “can’t intubate, can’t oxygenate”

▪ Alternative to endotracheal intubation by advanced life support providers

▪ Alternative to endotracheal intubation for elective airway management in the operating room for appropriately selected patients

▪ Conduit to facilitate endotracheal intubation
SUPRAGLOTTIC DEVICES

No portion passes through the vocal cords.

- Laryngeal Mask Airway (LMA)
- Cobra PLA – PeriLaryngeal Airway
INFRAGLOTTIC DEVICES

- Device passes behind the larynx to enter the upper esophagus
- King LT airway
- Easy Tube
SUCCESS IS WHERE PREPARATION AND OPPORTUNITY MEET

-BOBBY UNSER
REFERENCES


