

MODULE

TITLE OF SKILL: Basic Airway Adjunct: NPA

INTRODUCTION/RATIONALE:

The NPA (Nasopharyngeal Airway) is used as an alternative to an OPA in patients who need a basic airway adjunct. The NPA is a soft rubber or plastic uncuffed tube that provides a conduit for airflow between the nostrils and the pharynx.



LEARNING OBJECTIVES:

After the session students should be able to:

- Able to Identify NPA
- Able to insert NPA
- Know the Indications NPA
- Complications of NPA

EQUIPEMENT REQUIRED

- Nasopharyngeal Airway
- Xylocaine gel
- Disposable surgical Gloves

PROCEDURE: Technique of NPA Insertion

1. Select the proper size NPA.

a. Compare the outer circumference of the NPA with the inner opening of the nostrils. The NPA should not be so large that it causes sustained blanching of the nostrils. You can use the diameter of the patient's smallest finger as a guide for the proper size.

b. The NPA should be as long as the distance from the tip of the patient's nose to the earlobe .

2. Lubricate the airway with a water-soluble lubricant or anesthetic jelly.

3. Insert the airway through the nostril in a posterior direction perpendicular to the plane of the face. Pass it gently along the floor of the nasopharynx . If you encounter resistance

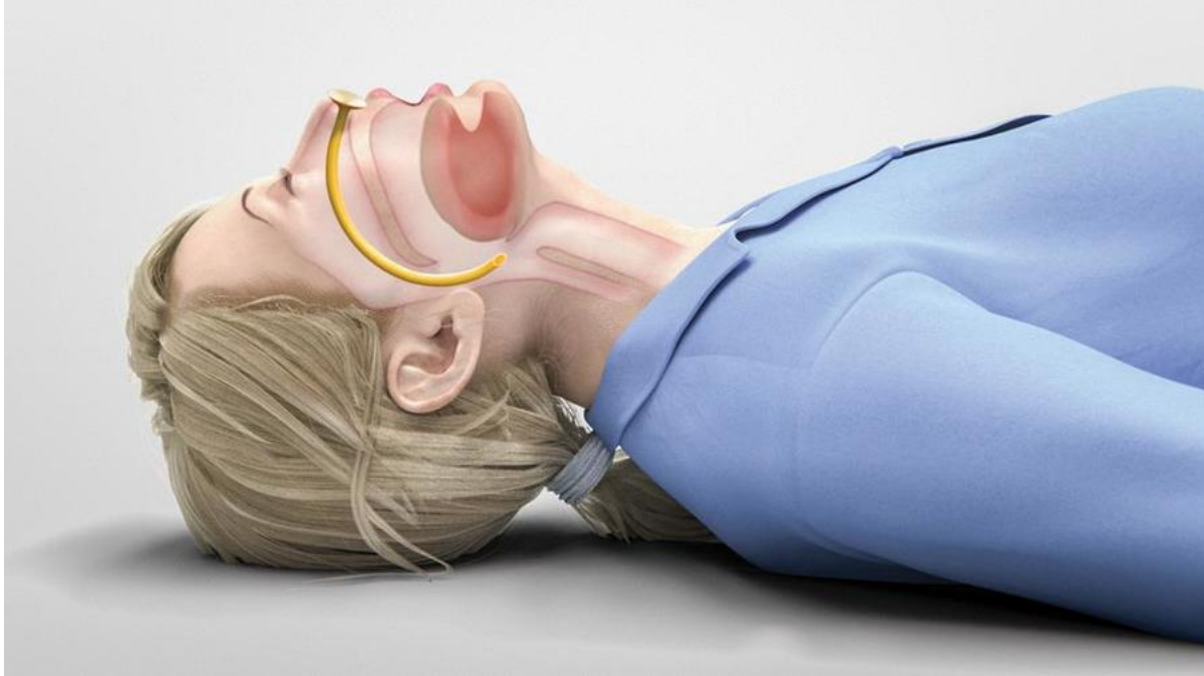
a. Slightly rotate the NPA to insert at the angle of the nasal passage and nasopharynx

b. Attempt to place through the other nostril (the size of a patient's nasal passages varies)

4. Reevaluate often, and maintain head tilt by using a chin lift or jaw thrust. Mucus, blood, vomit, or the soft tissues of the pharynx can obstruct the NPA, which has a small internal diameter. Frequently evaluate, and suction the airway if needed to ensure patency.



Nasopharyngeal airway device measurement.



Nasopharyngeal airway device inserted.

BACKGROUND INFORMATION (THEORITICAL INFORMATION TO BE READ BY THE STUDENT)

INDICATIONS:

Unlike oral airways, NPAs may be used in conscious, semiconscious, or unconscious patients (patients with an intact cough and gag reflex). Use an NPA when inserting an OPA is technically difficult or dangerous, such as for patients with a gag reflex, trismus, massive trauma around the mouth, or wired jaws. You may also use NPAs in patients who are neurologically impaired with poor pharyngeal tone or coordination leading to upper airway obstruction

INDICATIONS:

COMPLICATIONS:

Insert the airway gently to avoid complications. The airway can irritate the mucosa or lacerate adenoidal tissue and cause bleeding, and the patient could aspirate blood clots. You may need to suction to remove blood or secretions.

- An improperly sized NPA may enter the esophagus. With active ventilation, such as bag-mask ventilation, an NPA in the esophagus may cause gastric inflation and possible hypoventilation.
- An NPA may cause laryngospasm and vomiting, even though it is commonly tolerated by semiconscious patients.

- Use caution in patients with facial trauma because of the risk of misplacement into the cranial cavity through a fractured cribriform plate

Caution: Using an OPA or NPA Airway Adjunct

Take the following precautions when using an OPA or NPA:

- Always check spontaneous respirations immediately after inserting an OPA or an NPA.
- If respirations are absent or inadequate, start positive-pressure ventilation at once with an appropriate device.
- If OPA, NPA, or other adjuncts are unavailable, provide mouth-to-barrier device ventilations.