

MODULE

TITLE OF SKILL: Basic Airway Adjunct: OPA (Oro pharyngeal Airway)

INTRODUCTION/RATIONALE:

The OPA is a J-shaped device that fits over the tongue to hold both it and the soft hypopharyngeal structures away from the posterior wall of the pharynx. Use this device for Patients at risk of developing airway obstruction from the tongue or from relaxed upper airway muscles Unconscious patients when other procedures (eg, head tilt–chin lift or jaw thrust) fail to maintain a clear, unobstructed airway facilitating suctioning of intubated patients' mouths and throats Preventing patients from biting and obstructing the ET tube



LEARNING OBJECTIVES:

After the session students should be able to:

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

EQUIPEMENT REQUIRED

- Oro pharyngeal Airway

- Disposable surgical Gloves

PROCEDURE: Technique of NPA Insertion

Technique of OPA Insertion

- Clear the mouth and pharynx of secretions, blood, or vomit by using a rigid pharyngeal suction tip if possible.
- Select the proper size OPA, and place it against the side of the face (Figure 38B). When the flange of the OPA is at the corner of the mouth, the tip is at the angle of the mandible. Insert the OPA so that it curves upward toward the hard palate as it enters the mouth.
- As the OPA passes through the oral cavity and approaches the posterior wall of the pharynx, rotate the device 180° into the proper position (Figure 38C). You can also insert the OPA at a 90° angle to the mouth and then turn it down toward the posterior pharynx as you advance the device.



. Oropharyngeal airway device measurement.

In both methods, the goal is to curve the device around the tongue so that you don't inadvertently push the tongue back into the pharynx rather than pull it forward. Alternatively, you can insert the OPA straight in while using a tongue depressor or similar device to hold the tongue forward as you advance the OPA.

If you have properly sized and inserted the OPA, it will align with the glottic opening. After inserting an OPA, monitor the patient. Keep the head and jaw positioned properly to maintain a patent airway. Suction the airway as needed.



Oropharyngeal airway device inserted.

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

INDICATIONS:

COMPLICATIONS:

OPAs that are too large may obstruct the larynx or cause trauma to the laryngeal structures.

- OPAs that are too small or inserted improperly may push the base of the tongue back and obstruct the airway.

- Insert the OPA carefully to avoid soft tissue trauma to the lips and tongue.
- Remember to use the OPA only in the unresponsive patient with no cough or gag reflex. If the patient has a cough or gag reflex, the OPA may stimulate vomiting and laryngospasm