

PR07: Nasopharyngeal Airway

Applicable To

- EMR and higher

Introduction

Nasopharyngeal airways can provide significant airway protection for patients whose level of consciousness is decreased, but who maintain some airway reflexes and for whom oropharyngeal airways would prompt gagging or vomiting. They are also useful for patients who exhibit trismus or have injuries to the mouth or jaw.

Indications

- Patients who require an airway adjunct but who are unable to tolerate an oropharyngeal airway, or where an oropharyngeal airway is unable to be placed

Contraindications

- Significant maxillofacial trauma, particularly Le Fort fractures that include the zygoma(s)

Procedure

1. Select an appropriate size of nasopharyngeal airway by measuring a candidate airway against the patient's face: measure the distance from the nostril to the tragus of the ear, holding the nasopharyngeal airway in its neutral position. Do not straighten the airway to measure it.
2. Lubricate the barrel of the nasopharyngeal airway. Avoid getting lubricant in the lumen.
3. Unless anatomy or injury dictates otherwise, select the largest nostril on the patient and insert the nasopharyngeal airway perpendicularly to the plane of the face. Advance the airway straight back with a gentle but firm motion. Some rotation may be necessary to overcome obstacles in the turbinate. Do not use force to overcome resistance.
4. A jaw thrust is needed to ensure the epiglottis lifts off the laryngeal inlet.

Notes

- Epistaxis is the most common complication of nasopharyngeal airway placement. This risk is higher in individuals who are taking anticoagulant medications. If bleeding develops, leave the nasopharyngeal airway in place so long as it does not cause airway obstruction or compromise; otherwise, remove the airway and place the patient in a protective position.
- PCPs may not suction down the lumen of the nasopharyngeal airway.

Resources

