

ORAL AIRWAY



The oral airway (oropharyngeal tube) is made of the hardplastic tube and is inserted through the mouth. With its curved structure and the placement of the distal end behind the tongue root, it lifts the tongue forward and prevents blockage.

Indications

- Consciousness
- vomiting (gag) without reflex
- Chin unlocked
- In patients without intraoral trauma, it is used to provide airway openness.

Selection of the oral airway

- There are different sizes, so the oral airway should be chosen according to the age and gender of the patient.
- For the selection of the appropriate size of the oral airway, the length of the airway is selected from the edge of the lip to the earlobe.
- A suitable size airway can be selected by measuring the distance between the front teeth and the angulus mandible.
- It is necessary to use an appropriate size oral airway that will not damage the laryngeal structures.
- The long airway causes obstruction by pushing the epiglottal portion into the larynx entrance, stimulating the laryngeal reflexes, vomiting and laryngospasm.
- Because the short airway does not fit behind the root of the tongue, it cannot lift the tongue sufficiently and pushes the root of the tongue to the larynx, causing the airway to obstruction.

Oral airway placement technique / Usage

- Wear gloves.
- If there is blood in the mouth, vomit, foreign body is cleaned.
- To ensure the patient's airway opening, the patient is given a head excision position.

- The appropriate size of oral airway selection is made.
- The chin is pulled forward and the patient's mouth opens.
- The concave portion of the oral airway is placed in the mouth with the hard palate facing.
- 180 ° rotated while scrolling over the palate
- The oral airway is pushed toward the pharynx until it rests on the lips.

CAUTION: In infants, the airway is placed flat because the mouth is short and the upper palate is not mature enough to cause bleeding.

Considerations

- Tongues and lips should not stay between the teeth with the airway.
- A tightened chin can cause injury to the teeth and gums.
- Care must be taken against the risk of regurgitation of stomach contents.
- If the patient shows any reaction, the airway should be removed immediately.

Removal of the oral airway

- The airway is removed because of the fact that the patient is conscious or has a more advanced technique (orotracheal intubation, LMA) to open the airway.
- The head of the patient is given an extension position.
- The airway is pulled back.
- It is removed from the mouth and thrown into the medical waste garbage.