RESPIRATORY REFERENCE

Airway Management

Artificial Airway

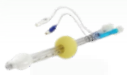
OROPHARYNGEAL AIRWAY (OPA)

- Used in unconscious patients
- Prevents tongue from obstructing the airway
- Measure from corner of mouth to angle of jaw
- Bite - block

NASOPHARYNGEAL AIRWAY (NPA)

- Used in semi-/fully conscious patients
- Bypasses nasal obstruction
- Measure from nostril to earlobe
- Frequent suctioning NTS.

ESOPHAGEAL TRACHEAL COMBITUBE (ETC)

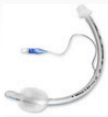


- Dual-lumen device for ventilation and gastric decompression
- • Uses esophageal and tracheal ports
- Temporary airway in emergency situations (when intubation fails or not feasible)

SUPRAGLOTTIC AIRWAY (SGA)

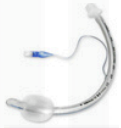
- e.g. LMA
- Useful when intubation fails or not possible
- Does not protect against aspiration

ENDOTRACHEAL TUBE (ETT)



- Definitive airway

Endotracheal tube



Cuffed

Uncuffed

preformed tube

ETT with Subglottic suction

Uncuffed ETT is used with children < 8 years.

Adult ETT Size	
Women	7.5 - 8
Men	8 - 9
Pediatric ETT Size	
Uncuffed	Age/4 + 4
Cuffed	Age/4 + 3.5

Initial depth of insertion: ETT size * 3

Intubation

Indication

o Cardiac arrest.
o Acute respiratory failure.
o Impending respiratory failure.
o Prophylactic.

Cuff pressure

o 25 to 35 cm H2O
o 20 to 25 mm Hg

Over-inflated cuff can cause Tracheal stenosis.

Confirmation of ETT position

o Auscultation.
o Chest rise.
o Mist in the tube.
o Colorimetric CO2 detector.
o CXR.

Troubleshooting

o patient biting	o Use Oral airway
o Mucus plug	o Suction
o Raptured cuff	o Change ETT