Airway Management
Le Head tilt, Chin Lift

N.B. do NOT use if c-spine injury is suspected
La Jaw-Thrust Maneuver

- Grasp the angles of the lower jaw and lift with both hands, one on each side, moving the jaw forward.
- If victim's lips are closed, open the lower lip with your thumb.
El crossed-finger technique

What is wrong with this picture?

Figure 2-26. Opening casualty’s mouth (crossed-finger method).
“Clearing the airway”

- Gravity
- Finger sweep (https://www.youtube.com/watch?v=_OB1gSz8sSM)
- SUCTION
HAINES (High Arm In Endangered Spine)

- A.K.A. coma or left lateral recumbent position
Airway Adjuncts

- Nasopharyngeal Airway (NPA)
  - Caution required if used in patients who have oral trauma
- Oropharyngeal Airway (OPA)
  - Cannot be used on conscious patients with intact gag reflex
Really getting in there “SLICly”

1. S - Size the adjunct
2. L - Lubricate the adjunct
3. I - Insert the adjunct
4. C - Check the adjunct
Barrier Devices

- Face Shield
- Pocket Mask
Oxygen ~Therapy~

- Regular air is 78% nitrogen, 21% oxygen, and 1% other gases
- But we give our patients 100% oxygen because we <3 them
- Please familiarize yourselves with oxygen sizes and volumes

Duration of flow = (gauge pressure in psi - safe residual pressure) x cylinder size constant / flow rate in LPM
When to use oxygen?

- Shortness of breath
- Suspected cardiac or respiratory arrest
- Cardiac-related chest pain,
- Stroke
- Significant blood loss
- Decreased LOR
- Indicated by pulse oximeter (<95%)
- At high altitudes (like the top of Sheehan Chair)
Oxygen Delivery

Nasal Cannula (NC)
- “Low-flow” 4-6 LPM
- They can dry out the nasal passageway :( 

Nonrebreather mask (NRB)
- “High-flow” 12-15 LPM

Bag-valve mask (BVM)
- Used for patients who cannot breathe on their lonesome
- “High-flow” (15 LPM)
- Be careful of gastric distention though
Review

- What are the three main ways to clear the patient’s airway?
- How many different adjuncts are there and when are they indicated?
- What are the three main ways to open a patient’s mouth?