

Airway Opening Manoeuvres

1. HEAD TILT - CHIN LIFT

2. JAW THRUST

Patients who are unconscious are unable to maintain their own airway due to **obstruction of the oropharynx by the tongue**. This restricts the airflow to their lungs, resulting in hypoxia and potentially death.

Airway opening manoeuvres are non-invasive methods of maintaining airway patency in patients.



Airway opening manoeuvres do not require the use of specialised medical equipment.

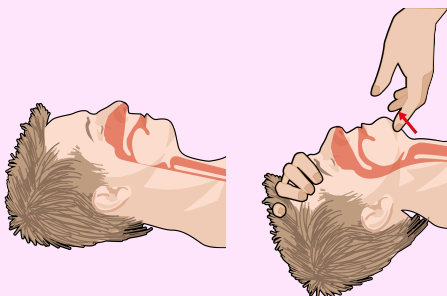
They are **simple and effective** and are a priority in resuscitation.

Cervical spine alignment should be preserved throughout repositioning if a spinal injury is suspected, however maintaining a patent airway takes priority.



1

HEAD TILT - CHIN LIFT



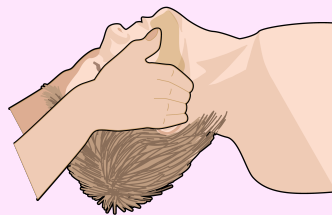
Place one hand on the patient's forehead and tilt their head back.

Use your fingertips to gently raise the patient's chin and extend the neck.

This repositions the tongue and ensures that it does not obstruct the airway.

2

JAW THRUST



Use your fingers to grip the angle of the mandible and apply an upwards forwards pressure to move the jaw.

You can use your thumbs to press down gently on the chin to open the mouth.

A jaw thrust may be performed to maintain an airway when it is not appropriate to extend the patient's neck.

Adjuncts and Face Masks

AIRWAY ADJUNCTS

Basic airway adjuncts are used to increase the success of simple airway opening manoeuvres. These devices **maintain airway patency** to allow spontaneous or mechanical ventilation.

OROPHARYNGEAL AIRWAYS

Also called Guedel airways, these are used in unconscious patients to **prevent the relaxed tongue from causing obstruction**.



In adults, the airway is inserted angled upwards towards the hard palate, then rotated 180° once it has reached the back of the oropharynx.

Guedel airways are **poorly tolerated in semi-conscious patients**, and may induce vomiting

NASOPHARYNGEAL AIRWAYS

Nasopharyngeal airways are better tolerated in **semi-conscious patients**.



They should be lubricated with aqueous gel prior to insertion and a safety pin or flange at the end prevents them from being inserted too far.

They are contraindicated in patients with suspected basal skull fractures and those with deranged coagulation.

FACE MASKS

Face masks have a cushioned rim that fits over the patient's nose and mouth.

The **air-tight seal**, allows for non-invasive positive pressure **ventilation** and oxygen delivery.



They are a **simple and highly effective** method to deliver oxygen.