

Emergency Paediatric Nasopharyngeal Airway Management

Patient ID:

NPA:
 mm ID,
 mm distal length

Suction:
 Depth cm

SAFETY – STIMULATE – SHOUT FOR HELP – OXYGEN

SAFE: Check Safe area, Stimulate, and Shout for help, CALL 2222 (hospital) or 999 (home)

AIRWAY: Open child's airway: head tilt / chin lift / pillow or towel under shoulders may help

OXYGEN: Ensure high flow oxygen to the nasopharyngeal airway AND the face as soon as oxygen available

Capnograph: Exhaled carbon dioxide waveform may indicate a patent airway (secondary responders)

SUCTION TO ASSESS NASOPHARYNGEAL AIRWAY (NPA) PATENCY

Can you pass a
SUCTION catheter?

YES

The nasopharyngeal airway is patent
 Perform nasopharyngeal suction
 Consider partial obstruction
 Consider NPA change (only if applicable)
CONTINUE ASSESSMENT (ABCDE)

NO

EMERGENCY NASOPHARYNGEAL AIRWAY TUBE CHANGE

In emergency, consider Nasopharyngeal Airway removal if blocked
 – caution in Craniofacial, ENT and cleft patients post-operatively

IS THE PATIENT BREATHING? Look, listen and feel at the mouth and nose

NO

5 RESCUE BREATHS – USE NPA IF PATENT

Patent Upper Airway – deliver breath to the mouth. Obstructed Upper Airway – deliver breath to nasopharyngeal airway. If the tube is blocked or not flat to the face, consider removing it and deliver breaths via the mouth (nose)

NO

CHECK FOR SIGNS OF LIFE ? – START CPR

15 compressions: 2 rescue breaths
 Ensure help or resuscitation team called

YES

RESPONDS:
 Continue oxygen,
 reassessment
 and stabilisation

Basic Response

Advanced Response

Primary emergency oxygenation

Standard **ORAL** airway manoeuvres may be appropriate.
 Use: Bag-valve-face mask
 Oral or nasal airway adjuncts
 Laryngeal Mask Airway (LMA)

Secondary emergency oxygenation

ORAL intubation may be appropriate
 Uncut tube, advanced beyond stoma
Prepare for difficult intubation
'Difficult Airway' Expert and Equipment