

Nasopharyngeal Airway

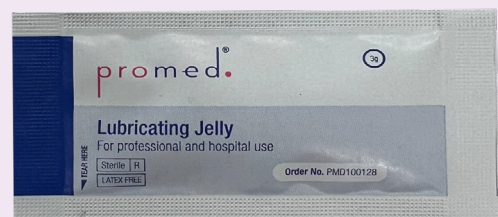
Nasopharyngeal airways are used to improve airway patency. They are used in patients where structural airway support is required to optimise ventilation. They are also used where a patient's level of consciousness will not allow them to tolerate an oropharyngeal airway. Nasopharyngeal airways are contraindicated in a patient with a suspected base of skull fracture.

1

GATHER EQUIPMENT



Nasopharyngeal Airway



Lubricant

Sizing a nasopharyngeal airway

- NPAs come in sizes from 3.0 to 9.0 in increments of 0.5.
- To find the correct size, measure with the estimated NPA from tip of the nose to the tragus of the ear. If the NPA is too long, decrease the size. If it is too short, increase the size.
- The width of the tube should be no wider than the patient's little finger.



ALERT

Where airway support is required, ensure that an escalation in patient care has occurred and that the required team is assembled.

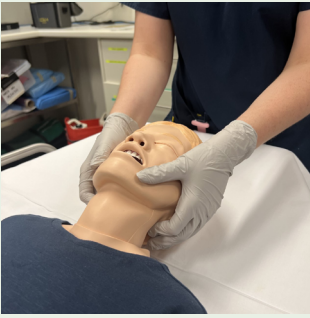


2

PROCEDURE

Attend to hand hygiene and don appropriate PPE.

Position the child to enable access the nose.



3

Apply lubricant to the outside of the NPA.



4

Insert the NPA gently into the nasal passage to the predetermined length. A slight rotational movement can be used to assist with insertion.



5

The correct size should sit flush against the nares, causing no blanching to the skin. Document the size of NPA used and reassess its effectiveness. If the patient had an oxygen mask on prior to procedure then re-apply oxygen as required.

**ALERT**

If the patient's gag reflex is activated, the NPA is potentially too long. Remove the NPA and attempt with the size smaller if airway optimisation is still required.

For further information:

[Nursing Standard: Clinical Assessment of the Paediatric Patient – Rapid Assessment / Primary and Secondary Survey / Vital Signs \(QH only\)](#)

Video:

[Nasopharyngeal Airway Insertion](#)

References:

Kliegman, R., Stanton, B., Geme, J., Schor, N. & Behrman, R.. (2016). *Nelsons Textbook of Pediatrics*. 20th Ed. Philadelphia: Saunders Elsevier.

Queensland Health State-wide ED Nurse Educator Committee, Pearson, N., Cole, T., & Carney, S. (Eds.). (2016). Unit 5 Respiratory. In *Queensland Health: Transition Support Program - Emergency*. Module 3 - Paediatric Care in the Emergency Department (4th ed., pp. 65–67). State of Queensland (Queensland Health).

Samuels, M. & Wieteska, S. (2017). *Advanced Paediatric Life Support - A Practical Approach to Emergencies*. 6th Ed. London: Wiley-Blackwell.

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- Advising consumers of their choices in an environment that is culturally appropriate and which enables comfortable and confidential discussion. This includes the use of interpreter services where necessary.
- Ensuring informed consent is obtained prior to delivering care.
- Meeting all legislative requirements and professional standards.
- Applying standard precautions, and additional precautions as necessary, when delivering care.
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