



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF NURSING

POST-ANESTHESIA RECOVERY ROOM

POLICY AND PROCEDURE

SUBJECT: ESTABLISHING AND MAINTAINING A
PATENT AIRWAY

Policy No.: PACU05
Supersedes: ALL
Revised Date: 12/2015
Page: 1 of 2

Purpose of Procedure: To define procedures for establishing and maintaining a patent airway post extubation in the post-surgical patient in the Post Anesthesia Care Unit.

Special Information:

Airway obstruction in the unconscious or post-anesthetic patient is most often due to pharyngeal obstruction by the relaxed base of the tongue pushing against the posterior pharyngeal wall. This type of partial obstruction occurs when the neck is flexed and may be recognized by flaring of the nares, noisy air flow, snoring and retraction. Partial obstruction may also be caused by a foreign material, such as mucous or blood in the pharynx, which produces a gurgling sound. Complete obstruction has occurred if airflow cannot be felt at the nose and mouth; there is retraction of the supraclavicular and intercostal areas and a decreased SAO_2 .

KEY POINT: Noisy breathing is always obstructed breathing, but not all obstructed breathing is noisy.

Policy: All patients admitted to the PACU will have a patent airway established via the use of positioning or artificial airways until able to manage secretions and breathing on their own.

Physician's Order Required: No

Performed By: Registered Nurse

Procedural Steps:

1. Establishing airway without the use of artificial airways
 - a. Place patient in supine position. Remove pillow under head if present. Pillow may be placed under patient's shoulders to facilitate extension of the head.
KEY POINT: Pillow under the head causes flexion of the neck.
 - b. Place one hand on patient's forehead, the other on the patient's chin.
 - c. Lift the chin, while pushing the top of the head downwards unless there is any contraindication such as cervical spine injury (Head tilt, chin lift maneuver)
KEY POINT: Extension of the neck stretches the tissues between the larynx and mandible which causes the tongue to be lifted off the posterior pharyngeal wall.
 - d. If the patient is obtunded and requires a prolonged period of extension, the mandible may be held forward and lifted with the index fingers at the angles of the mandible (Jaw Thrust Maneuver).
KEY POINT: This method can be painful and can result in submandibular gland swelling or dislocation of the mandible. Notify anesthesiologist stat to assess the patient for the need of re-intubation.
2. Establishing airway using an oropharyngeal airway.

- a. Press tongue forward with tongue blade using gloved fingers.
KEY POINT: Remember, even an obtunded patient can bite your fingers.
 - b. Insert oral airway with the curve side down while holding the patient's mouth open, and keeping the tongue pressed forward.
KEY POINT: An Oropharyngeal airway is a mechanical means to hold the back of the tongue forward, so that the natural airway remains patent.
 - c. As oral airway is advanced into the oropharynx, gently rotate it into position. This may cause gagging, vomiting or laryngospasm.
KEY POINT: Have suction equipment readily available and functional. If vomiting occurs, turn the patient's head to the side.
3. Establishing airway using a nasopharyngeal airway
- a. Select the proper size airway by observing the size of the patient's nares.
 - b. Lubricate the beveled end generously with a water soluble lubricant.
 - c. Gently, but firmly, insert the entire length of the tube into either nostril, parallel to the palate.
KEY POINT: Patient's head should be extended. If airway is too long and inserted too far, it can pass into the esophagus thereby causing an obstruction. Using excessive force can cause epistaxis. If bleeding is slight, leave airway in, it will act as a splint. If bleeding is persistent, notify an Anesthesiologist immediately.
 - d. Feel for movement of air at the nose and mouth. If obstruction is due to displacement of tongue posteriorly, then a patent airway should be established by this procedure and movement of air will be felt.
KEY POINT: Nasopharyngeal airway is a mechanical means to hold the tongue forward. It is usually employed when oral airway is difficult or impossible to introduce.
4. Check for patency of airway by feeling for movement of air at patient's nose and mouth.
5. Document on the Post Op Care Record:
- a. Method used
 - b. Any problems encountered
 - c. Patient's response
-

Reviewed By: Patricia Morri, RN, BSN

References:

Perianesthesia Nursing Core Curriculum: Perioperative Phase 1 and Phase II PACU Nursing. 3rd. Edition ASPAN, Louis Schick, Pamela Windle
Nettina, Sandra (2013) Lippincott Manual of Nursing Practice 10th Edition
