**SKILL: Basic Airway Maneuver**

**LEARNER NAME: DATE: / /**

*\*\*Learner expected to introduce him/herself and ask for consent at all times*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **PERFORMANCE** | **Possible Points** | **Points Obtained** | **Competent** | **Omitted** |
|  | **Head Tilt Chin Lift** |  |  |  |  |
|  | Correct Hand position –  One hand on the patient’s forehead  One hand on the Chin |  |  |  |  |
|  | Correctly performs head tilt/chin lift |  |  |  |  |
|  | Open mouth |  |  |  |  |
|  | **Jaw Thrust** |  |  |  |  |
|  | Correct hand position –  Palm of the hands pressing down on the zygomatic arches with fingers curled around the mandible |  |  |  |  |
|  | Without manipulating the neck – performs jaw thrust |  |  |  |  |
|  | Opens mouth |  |  |  |  |
|  | **Triple Airway Maneuver** |  |  |  |  |
|  | Correct hand position – jaw thrust |  |  |  |  |
|  | Performs jaw thrust with head tilt chin lift |  |  |  |  |
|  | Opens mouth |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

References:

* PHECC
* AHA
* NREMT
* HPCSA

**Overall assessment of learner’s performance:**

**NOT YET COMPETENT**

**COMPETENT**

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

