**SKILL: Insertion of Nasopharyngeal Airway**

**LEARNER NAME: DATE: / /**

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

|  |  |  |  |  |  |
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| **No** | **PERFORMANCE** | **Possible Points** | **Points Obtained** | **Competent** | **Omitted** |
|  | **Nasopharyngeal airway (NPA)** |  |  |  |  |
|  | Selects appropriate size airway (length and diameter) |  |  |  |  |
|  | Measure airway – From the Corner of the nose to the angle of the jaw OR  Measure Airway – from the Corner of the nose to the tip of the tragus |  |  |  |  |
|  | Lubricate tube with appropriate lubricant |  |  |  |  |
|  | Fully insert airway with bevel facing septum |  |  |  |  |
|  | Do not force the airway |  |  |  |  |
|  | IF resistance encountered remove gently and use other nostril |  |  |  |  |
|  | **Supraglottic Airway (SGA)** |  |  |  |  |
|  | Ensure open airway |  |  |  |  |
|  | Pre-oxygenate patient for approximately 15 Seconds |  |  |  |  |
|  | Select appropriate device |  |  |  |  |
|  | Apply lubricant (As appropriate) |  |  |  |  |
|  | Attach BVM |  |  |  |  |
|  | Insert airway using recognized technique |  |  |  |  |
|  | Ensure adequate ventilation |  |  |  |  |
|  | Auscultate breath sounds (Examiner will operate BVM for candidate) |  |  |  |  |
|  | Secure airway |  |  |  |  |
|  | Attach CO2 detector device |  |  |  |  |
|  | Attach SpO2 device (Verbalise) |  |  |  |  |
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References:

* PHECC
* AHA

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

**NOT YET COMPETENT**

**COMPETENT**

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

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

