

Providence Health Care	Department: Respiratory Services	Date Originated: September 1986 Date Reviewed/Revised: May 2008
PROCEDURE	Topic: <u>Critical Care</u> – Insertion of a Naso-pharyngeal Airway (Respiratory Therapy) Number: B-00-12-12021	Related Links:

APPLICABLE SITES:

St. Paul's Hospital
 Mount Saint Joseph Hospital

GENERAL INFORMATION:

The Respiratory Therapist will insert a nasopharyngeal airway for patients deemed to require one based upon a respiratory assessment.

The distal tip of the airway must be positioned at the base of the tongue to separate it from the posterior wall of the oropharynx.

The purpose is to relieve soft tissue obstruction and to facilitate nasotracheal suctioning.

NOTE: Nasopharyngeal airways must be changed **Q 24 hours**. Nares must be alternated Q 24 hours with every airway change.

CONTRAINDICATIONS:

Use of a nasopharyngeal airway is contraindicated in the following circumstances:

- Occluded nasal passages
- Nasal bleeding
- Acute head, facial, or neck injury
- Coagulopathy or known bleeding disorders
- Nasal surgery

EQUIPMENT:

- Nasopharyngeal airway of an appropriate size
- Oral suction equipment
- Water-soluble lubricant
- Tongue depressor
- Flashlight
- Personal protective equipment

PROCEDURE:

1. Gather equipment and supplies. Explain procedure to patient.
2. Wash hands and don personal protective equipment as required.
3. Lubricate the nasopharyngeal airway with the water-soluble lubricant.
4. Place patient in a semi-Fowlers position as tolerated.
5. Gently insert the nasopharyngeal airway into the patient's nare.

NOTE: If obstruction is met, elevate the proximal end of the airway superiorly and re-attempt to advance the airway. If obstruction persists attempt insertion in the opposite nare. If both nares are obstructed, discontinue insertion and document the failed attempts in the patient record. Notify the physician.

6. Assess position of the airway with the tongue depressor and flashlight if necessary.
7. Assess the airway for patency.
8. Remove personal protective equipment and wash hands.
9. Chart pertinent information on the Respiratory Flowsheet or in the Multidisciplinary Progress Notes of the patient record.