



Clinical Practice Procedures: Airway management/Nasopharyngeal airway insertion

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Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Nasopharyngeal airway insertion

April, 2018

A **nasopharyngeal airway (NPA)** is a soft, anatomically designed airway adjunct which is inserted into the nasal passageway to provide airway patency. The flared distal end prevents the device from becoming lost within the nares.

The NPA has advantages over the oropharyngeal airway as it can be used in patients with intact gag reflex, trismus and oral trauma.^[1]



Indications

- Potential or actual airway obstruction

Contraindications

- Nil in this setting.

Complications

- Airway trauma, particularly epistaxis
- Incorrect size or placement will compromise effectiveness^[2]
- Exacerbate injury in base of skull fracture, with NPA potentially displacing into the cranial vault^[3]
- Can stimulate a gag reflex in sensitive patients, precipitating vomiting or aspiration

Procedure – Nasopharyngeal airway insertion

1. Place the patient's head in the neutral position.
2. Identify the correct size NPA by measuring from the tip of the patient's nose to the earlobe.
3. Lubricate the end of the NPA with water-soluble lubricant.
4. Advance the device carefully along the floor of the nasopharynx, following its natural curvature until the flange rests against the nostril.

+ Additional information

- An NPA does not protect the patient's airway from aspiration.
- The right nostril is often preferred for NPA insertion given that it is typically larger and straighter than the left.
- A correctly sized NPA will have the flared end resting on the nostril.

QAS supplies three (3) sizes of NPA:

Size (Fr)	Internal diameter (mm)	External diameter (mm)
24	6	8.1
28	7	9.4
32	8	10.8

1 A correctly sized NPA will reach from the tip of the nose to the earlobe

2 Bevel facing nasal septum

3 Follow natural curvature of the floor of the nasopharyngeal cavity until the flange rests against the nostril

