Clinical Practice Procedures: Airway management/Magill forceps

<table>
<thead>
<tr>
<th>Policy code</th>
<th>CPP_AM_MF_0120</th>
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<tr>
<td>Date</td>
<td>January, 2020</td>
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<td>Purpose</td>
<td>To ensure a consistent procedural approach to Magill forceps.</td>
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<td>Scope</td>
<td>Applies to Queensland Ambulance Service (QAS) clinical staff.</td>
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<td>Health care setting</td>
<td>Pre-hospital assessment and treatment.</td>
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<td>Population</td>
<td>Applies to all ages unless stated otherwise.</td>
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<tr>
<td>Source of funding</td>
<td>Internal – 100%</td>
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The **Magill forceps** are long, angled forceps designed to grasp objects lodged in the pharynx. Their angled design enables use without obscuring the clinician’s view.

QAS supplies disposable Magill forceps in the following two (2) sizes: **paediatric** (205 mm) and **adult** (250 mm).

### Indications
- Removal of pharyngeal foreign bodies causing airway obstruction in an obtunded patient
- To facilitate the insertion of an orogastic tube

### Contraindications
- Patients with an effective cough

### Complications
- Trauma to the tissue surrounding the pharynx uvula and tongue
- Manipulating a partially obstructed airway may cause the object to totally occlude the airway
Procedure – Magill forceps

1. Open mouth and inspect oral cavity.
2. Remove any dentures or removable plates as required.
3. Perform laryngoscopy.
4. Suction as required.
5. Grasp the forceps in the right hand with the thumb and ring finger inserted into the holes.
6. Insert the forceps (whilst closed) into the patient’s mouth.
7. Under direct laryngoscopy, open and close the Magill forceps to grasp the object that needs manipulation. Ensure that no pharyngeal or epiglottic structures are grasped as it will cause harm.
8. Manipulate the object as required.