



Clinical Practice Procedures: Airway management/Triple airway manoeuvre

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Purpose	To ensure a consistent procedural approach to triple airway manoeuvre.
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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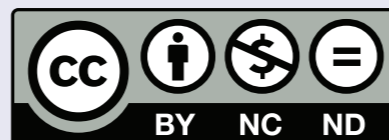
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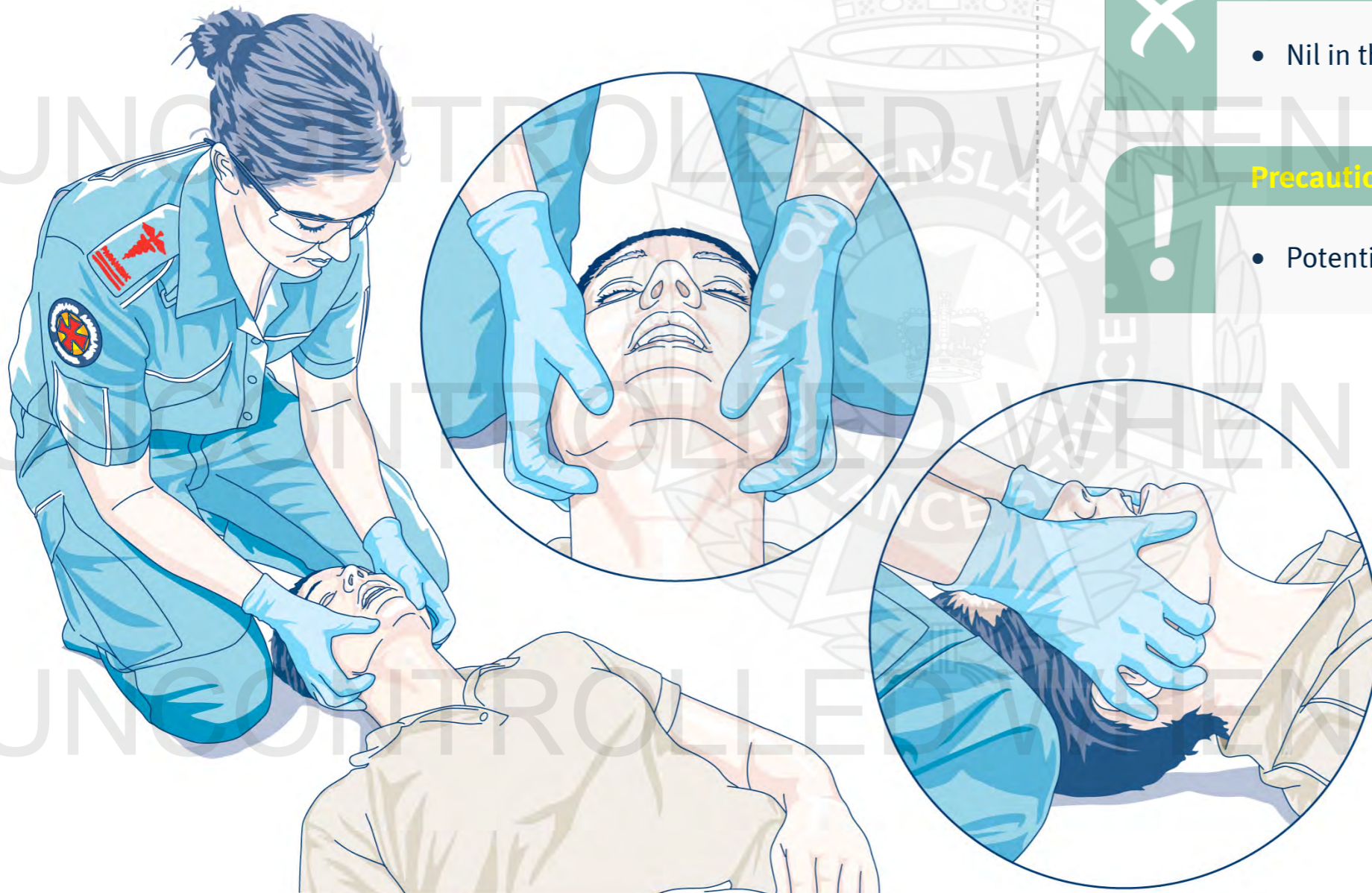
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Triple airway manoeuvre

February, 2021

Basic airway management is a fundamental skill required of all clinicians. It forms the basis of emergency airway management and is a cornerstone skill from which advanced airway procedures progress.

The **triple airway manoeuvre** is used to maintain a patent upper airway and combines head tilt, jaw thrust and mouth opening.



Indications



- Patients unable to maintain airway patency

Contraindications



- Nil in this setting

Precautions



- Potential c-spine injury

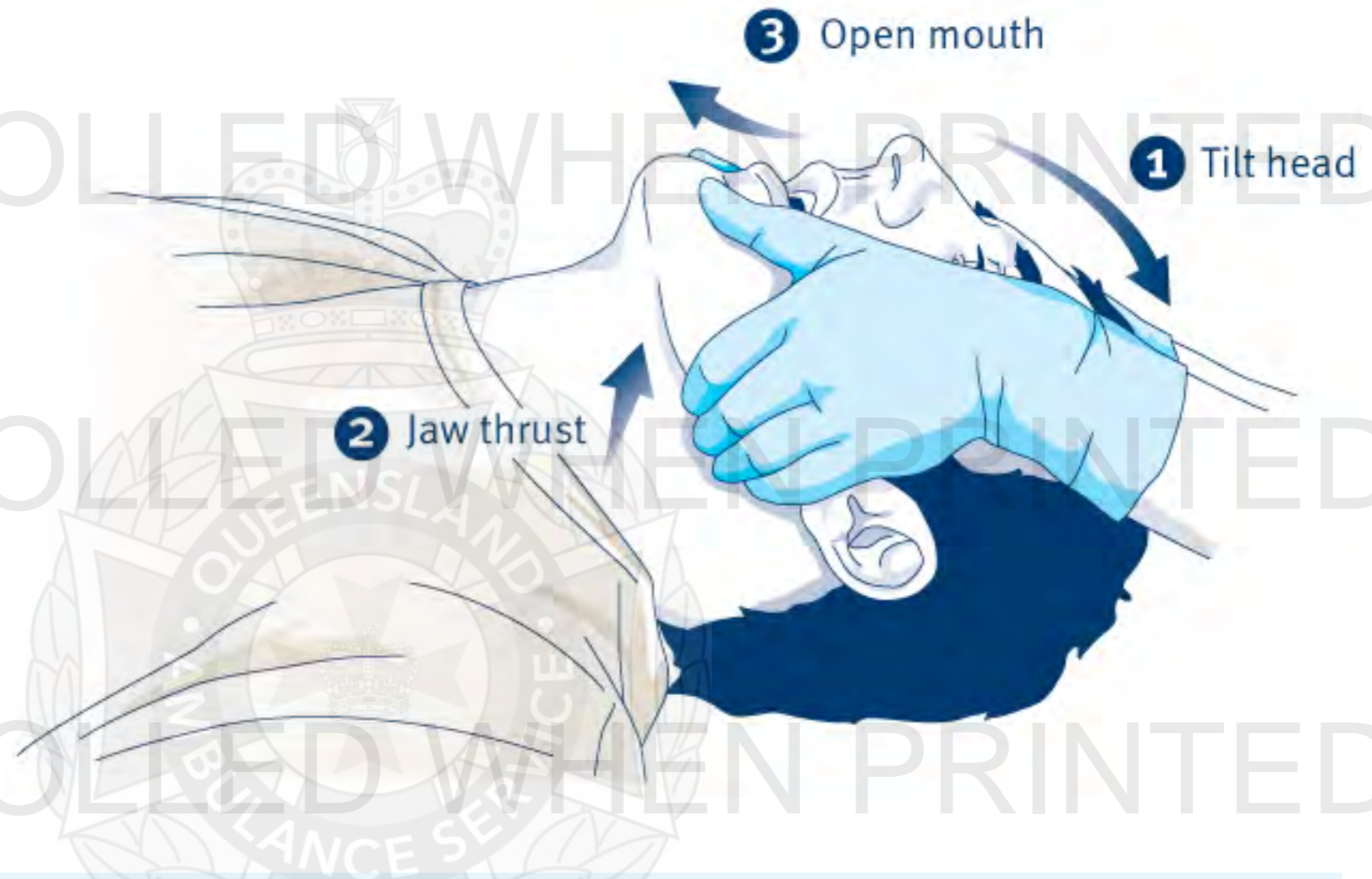
Procedure – Triple airway manoeuvre

1. Head tilt – Two hands are used to tilt the head in order to open the airway.

2. Jaw thrust – The jaw thrust moves the tongue anteriorly with the jaw, further minimising obstruction. Lifting from under the angle of the jaw on both sides, causes the jaw to thrust up and forward. This position is maintained often with assistance from an oral airway adjunct.

3. Open mouth – The tips of both thumbs are used to open the mouth to visualise the oropharynx.

NOTE: In patients with potential spinal injuries the procedure is modified to include only jaw thrust and open mouth components.



+ Additional information

- It must be remembered that the simple act of positioning a patient in a lateral position is a form of basic airway management.
- The trachea is soft and pliable in infants and may become occluded with excessive head tilt. The head should therefore be kept in a neutral position with pressure on the soft tissue of the neck avoided. Padding under the shoulders may assist to achieve and maintain this position.