

## Oropharyngeal Airway (OPA)

### Aim

To safely and effectively prepare and insert an oropharyngeal airway device

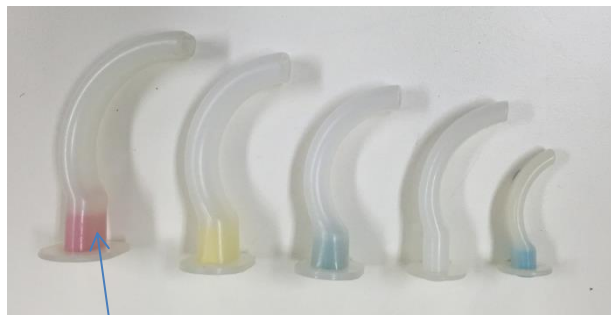
### Indications

The OPA is indicated for patients who have lost control of their airway or who are at risk of airway occlusion due to an alteration in their conscious state.

### Background

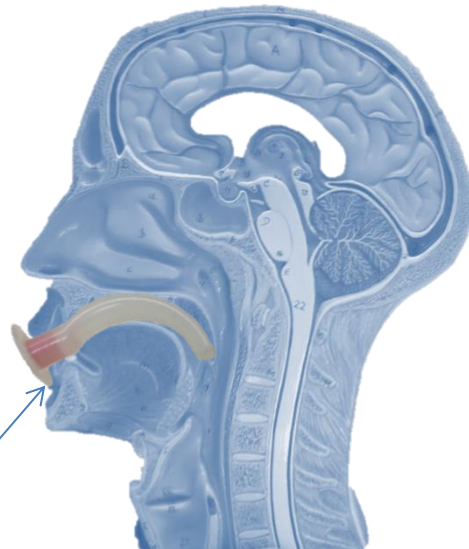
An OPA is an artificial airway device, which is a firm, hollow curved transparent plastic tube which has a colour coded bite block and flange at one end. It is used as a relatively fast and easy method to help gain and maintain a patent airway in an unconscious patient. The device is inserted into the mouth and over the tongue, sitting in the oropharynx, creating a path from the lips to the pharynx. The OPA works to prevent the tongue from occluding the airway against the posterior pharynx.

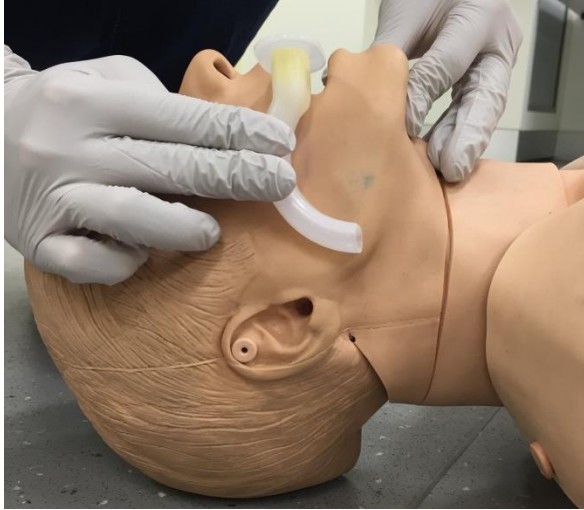

Ambulance services usually carry a variety of different sized OPAs. They come in sizes 000, 00, 0, 1, 2, 3, and 4, with a different colour for each size. Ordinarily the smaller sizes are for infants; with the red size 4 for a large adult. The correct OPA is chosen according to patient size, and is measured prior to insertion. See picture below for an illustration of some of the different sized OPAs.




Colour coded bite block

Flange resting on lips



Objective	Comments	Action
<p><b>Manage Safety</b></p>	<p>Safety is the first priority when managing any patient.</p> <p>Inserting an OPA can provide a greater risk of exposure to infectious diseases due to the proximity to airway secretions.</p>	<ol style="list-style-type: none"> <li>1. Use universal precautions. Always wear gloves and goggles when attending to an unconscious patient.</li> <li>2. You may also want to consider wearing a face mask and gown.</li> </ol>
<p><b>Prepare the OPA</b></p>	<p>In order to effectively use an OPA, you must have an understanding of its purpose, and ensure it is suitable for your patient.</p> <p>Incorrect sizing of an OPA will result in either ineffective oropharynx patency if it is too small, or could cause trauma or impinge on the epiglottis if it is too big.</p>	<ol style="list-style-type: none"> <li>1. Choose the correct size OPA whilst it is still in the packet, by measuring against the side of the patient's face.</li> <li>2. The OPA should extend from the mouth to the edge of the jawline.</li> </ol>  <ol style="list-style-type: none"> <li>3. When you have chosen the correct size, remove it from the packet.</li> </ol>
<p><b>Insert the OPA (adult)</b></p>	<p>In order to insert the OPA safely and effectively, you must ensure that you are in an appropriate position to visualise the airway.</p> <p>By having the curve pointed upward, the OPA can be inserted without being obstructed by the tongue.</p>	<ol style="list-style-type: none"> <li>1. Ensure the patient is supine and that you are at the top of their head. This allows you the best view of their airway.</li> <li>2. Hold the OPA by the flange and ensure that the curve is pointed up toward the roof of the patient's mouth.</li> </ol> 

		<p>3. Insert the OPA into the mouth, and rotate 180° as it passes under the hard palate.</p>  <p>4. Continue insertion until the flange rests against the patient's lips and the coloured bite block is positioned in between the patient's teeth.</p>
<p><b>Insert the OPA (child)</b></p>	<p>Due to their undeveloped hard palate, the insertion technique is different for children.</p> <p>To avoid injury to the hard palate, insert the OPA by pointing the curve down and insert without rotating it.</p>	<ol style="list-style-type: none"> <li>1. Ensure the patient is supine and that you are at the top of their head. This allows you the best view of their airway.</li> <li>2. Hold the OPA by the flange and ensure that the curve is pointed down toward the patient's tongue.</li> <li>3. Insert the OPA into their mouth and continue insertion until the flange rests against the patient's lips and the coloured bite block is positioned in between the patient's teeth.</li> </ol>
<p><b>Confirm correct placement</b></p>	<p>In order to ensure a patent airway after the insertion of the OPA, you must confirm its placement and effectiveness.</p> <p>If problems are encountered it is safest to remove the device.</p> <p>An OPA only stops the tongue from occluding the airway. Airway manoeuvres are still required to keep the airway patent.</p>	<ol style="list-style-type: none"> <li>1. Check for unimpeded air entry by ventilation with BVM.</li> <li>2. If the patient is difficult to ventilate check your manual airway manoeuvres and consider a different sized OPA or removal and reinsertion.</li> <li>3. If the patient appears to have a gag reflex and begins retching then remove the OPA, clear the airway, and perform relevant airway manoeuvres. Ventilations may continue with BVM and basic airway manoeuvre only.</li> <li>4. If removal is required for either adult or child, pull the OPA out and downward toward patient's chin in one swift movement without rotating.</li> </ol>