



Pediatric Basic Airway

OBJECTIVES

- Demonstrate the proper insertion of both oropharyngeal and nasopharyngeal airways.
- Demonstrate the proper procedure for oxygenation of a pediatric patient using a bag-valve mask.

REFERENCE

- *Pediatric Education for Prehospital Professionals*, 4th Edition

EVALUATION

- The instructor will verify the accuracy of the student's ability to properly manage a pediatric airway with bag-valve mask ventilation and perform proper insertion of a nasopharyngeal airway (NPA) and oropharyngeal airway (OPA) by means of observing the student's procedures and technique.

EQUIPMENT

- Pediatric airway manikin
- Oropharyngeal airway
- Nasopharyngeal airway
- Pediatric bag-valve mask
- Lubrication
- Towel or blanket
- Oxygen tank (optional)
- Suction unit and catheters
- Personal protective equipment (PPE)

INSTRUCTOR GUIDELINES

1. Ensure that each student has all required materials.
2. Read the objectives and the evaluation statement to students.

PERFORMANCE STEPS

1. The student prepares the equipment.
2. The student verbalizes that body substance isolation (BSI) precautions were considered.
3. The student verbalizes the need for airway and ventilatory assistance.
4. The student positions the patient supine with 1-inch pad under the torso (if needed) to achieve a neutral inline position.
5. The student uses head tilt-chin lift (nontrauma) or trauma jaw thrust/trauma chin lift (suspected trauma) to further position the airway.
6. The student selects the appropriate equipment:
 - a) NPA or OPA size
 - b) Mask size
 - c) Bag size
7. The student connects the bag mask to oxygen and provides the appropriate amount.
8. The student attaches the mask firmly to the bag.
9. The student suctions, if necessary.
10. The student inserts a basic airway adjunct (oral or nasal airway).
11. The student obtains the mask seal by utilizing the "E-C" technique to open the airway and provide an adequate mask seal on the face. The student's index finger and thumb form a "C" on top of mask, and the remaining fingers grasp and elevate the patient's mandible (chin lift), as an "E." The student should ensure that the mask is positioned properly on the patient's face so that air does not escape.
12. The student should ventilate the patient by gently squeezing the bag to deliver one breath over 1 second. The student should count "squeeze, release, release."
 - a) Deliver ventilation evenly and slowly.
 - b) Deliver enough air to make the chest rise.

- 13.** The student should ventilate at an appropriate rate.
- a)** Pediatrics: One breath every 2–3 seconds or 20–30 breaths per minute.
 - b)** Avoid hyperventilation and overinflation.
- 14.** The student should monitor the patient by continuously looking for signs of effective ventilation.

CRITICAL CRITERIA

- The student fails to place infants and young children in a neutral position to maintain an open airway throughout care.
- The student fails to use the most appropriate airway management procedures.
- The student fails to use the most appropriate ventilation device.
- The student fails to observe ventilations to avoid overinflation and/or does not use an appropriate ventilation rate for the patient's age.
- The student does not monitor the patient's end-tidal carbon dioxide and/or oxygen saturation throughout care.
- The student performed the procedure in a manner that was dangerous to the patient.