



# Clinical Practice Procedures: Airway management/Oropharyngeal airway device

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<b>Date</b>	July, 2022
<b>Purpose</b>	To ensure a consistent procedural approach to the oropharyngeal airway device.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
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# Oropharyngeal airway device

July, 2022

An **oropharyngeal airway (OPA)** is a short term, easily inserted airway management device extending from the lips to the pharynx, that prevents the base of the tongue from falling back and occluding the airway. A flange at the outer opening prevents the device from being inserted or pushed too far into the airway.<sup>[1]</sup>

An OPA does not prevent airway obstruction from fluids such as blood or saliva, or from regurgitated stomach contents.

A modified insertion technique is employed in paediatric patients to avoid hard and soft palate trauma.

The QAS provides eight colour coded OPA sizes, from 3 cm to 10 cm.

## Indications



- Maintain airway patency
- Bite block for intubated patients

## Contraindications



- Conscious patients
- Patients with an intact gag reflex

## Complications



- Airway trauma from OPA placement
- Intolerance of OPA requiring removal
- Can precipitate vomiting/aspiration in patient with intact gag reflex
- Incorrect size or placement can potentially exacerbate airway obstruction



**Sizing:**  
Centre of incisors  
to angle of jaw



## Procedure – Oropharyngeal airway device

### Adult

1. Identify the correct OPA by measuring from the centre of the patient's incisors/mouth to the angle of the jaw.
2. Insert the OPA ensuring the concavity of the adjunct is facing the roof of the mouth.
3. Advance the OPA until approximately one third of the way, then rotate it 180° over the tongue (*see below*).



4. Continue to gently advance the OPA until the flange is resting against the lips.

### Paediatric

1. Identify the correct OPA by measuring from the centre of the patient's incisors/mouth to the angle of the jaw.
2. Insert the OPA ensuring the concavity of the adjunct is facing the floor of the mouth.
3. Gently advance the OPA until the flange is resting against the lips.

#### **+ Additional information**

- Too small an OPA device is ineffective at protecting the airway, while too large a device can press against the epiglottis and obstruct the larynx or precipitate laryngospasm.<sup>[1,3]</sup>
- The colour coding of OPAs used by the QAS has recently been revised, and an additional size has been added (3 cm).

**+ Additional information**

Colour coded OPA sizes used by the QAS.

OPA colour codes		
Size/length (cm)	New colour code	Suggested population
10	Red	Large male
9	Yellow	Adult male
8	Green	Adolescent/adult female
7	White	Child
6	Black	Small child
5	Blue	Toddler
4	Pink	Infant
3	Lilac	Neonate