



Clinical Practice Procedures: Airway management/Magill forceps

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Date	January, 2020
Purpose	To ensure a consistent procedural approach to Magill forceps.
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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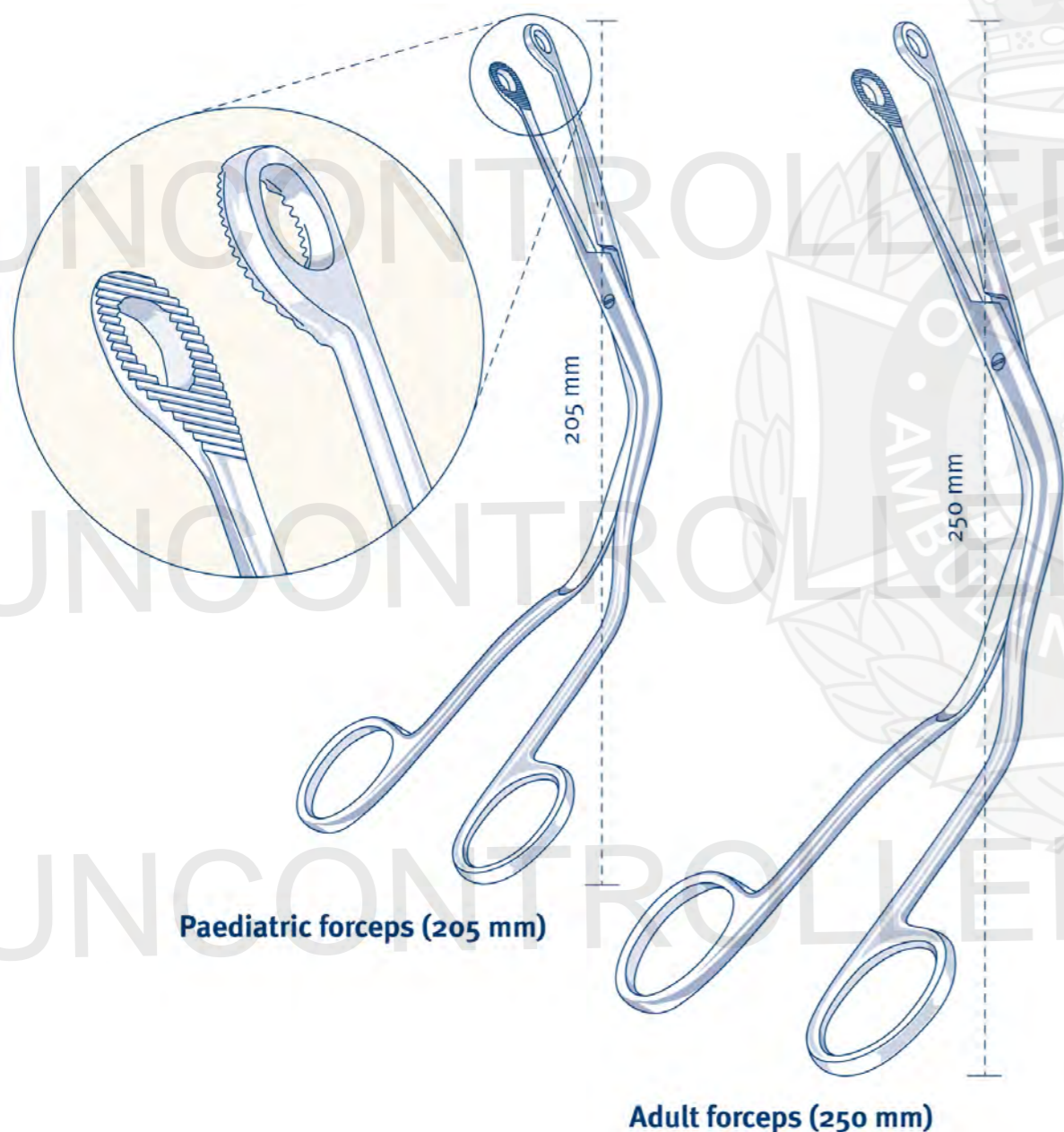
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Magill forceps

January, 2020

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 orogastric tube

Contraindications

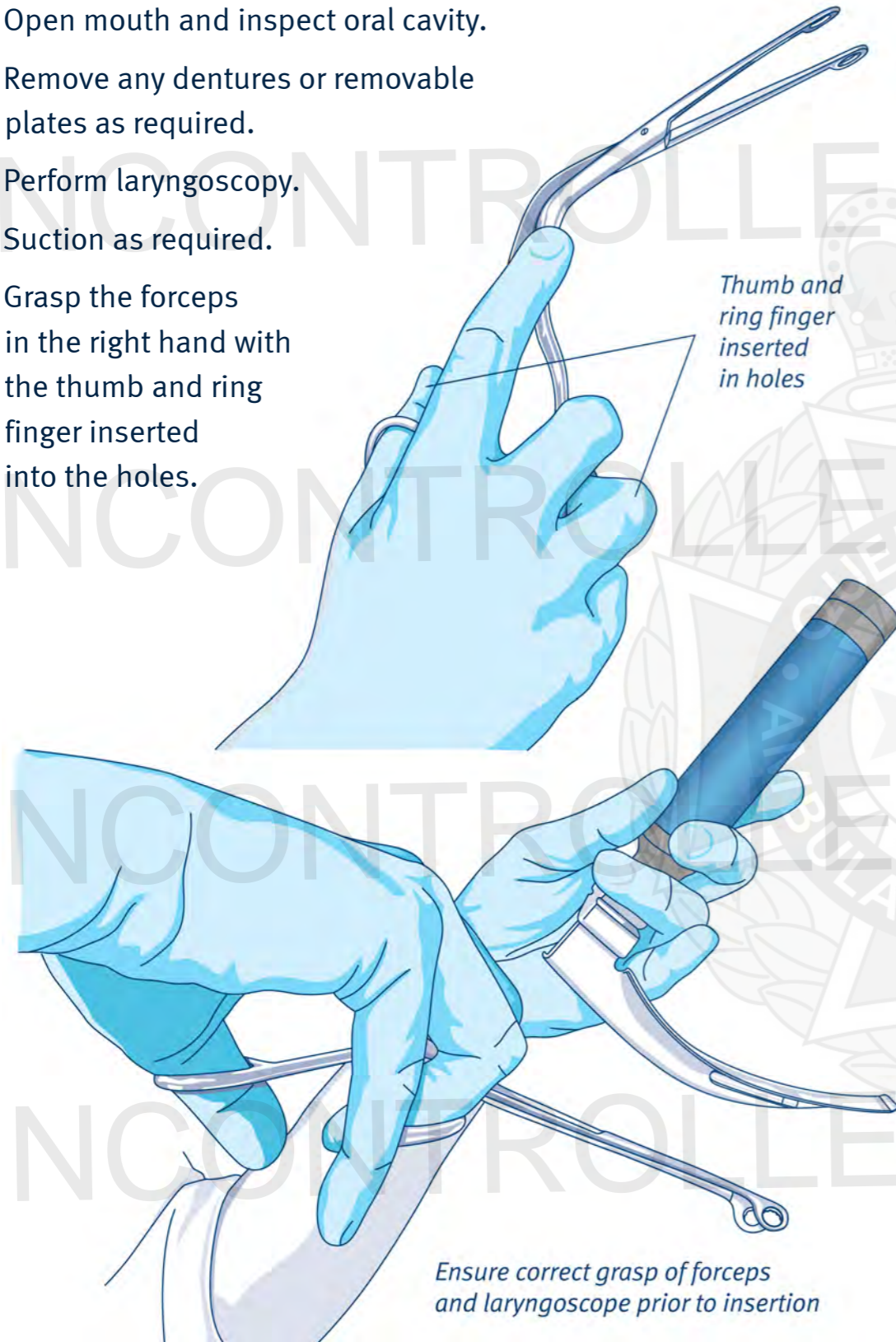
- Patients with an effective cough

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.

