

EXTRAGLOTTIC AIRWAY

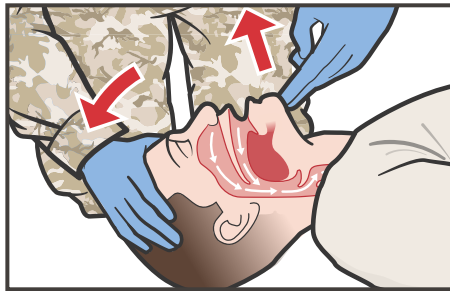


CONSIDER body substance isolation.

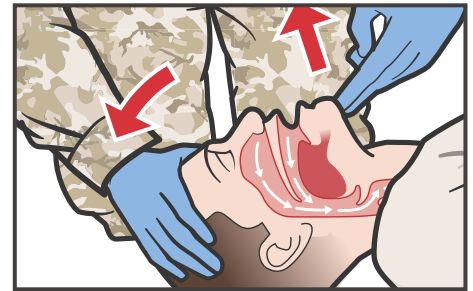
NOTE: If a Combat Lifesaver is available, direct them to assist.



01 INSPECT the upper airway for visible obstruction.



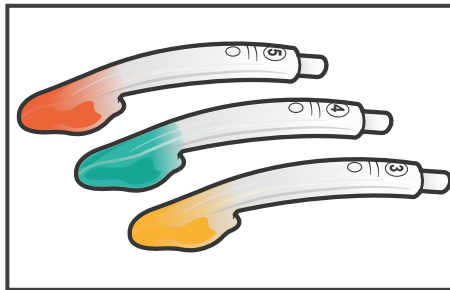
02 POSITION the casualty's head in the sniffing position.
NOTE: Alternate position is the neutral position.



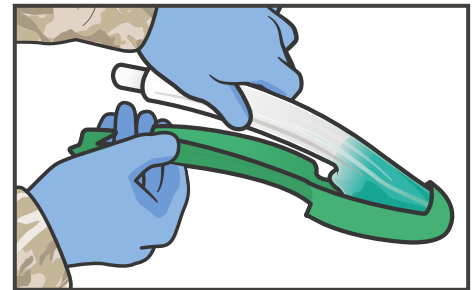
03 OPEN the airway.



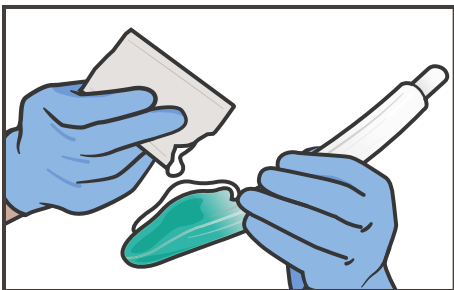
04 HYPERVENTILATE the casualty for a minimum of 30 seconds using a BVM and oxygen, if available.



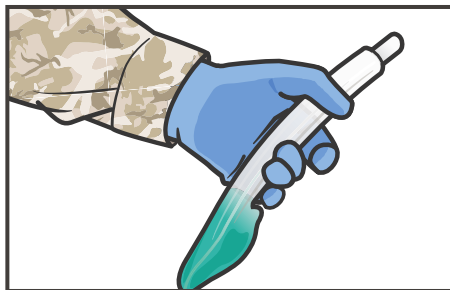
05 SELECT the appropriately sized extraglottic airway based on the casualty's weight. Size 4 fits most military populations.



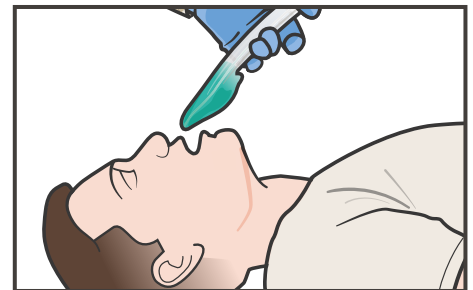
06 INSPECT and **TEST** equipment.



07 LUBRICATE the distal end of the extraglottic airway with sterile water-based lubricating jelly.



08 FIRMLY GRASP the extraglottic airway with the dominant hand, along the integrated bite block.

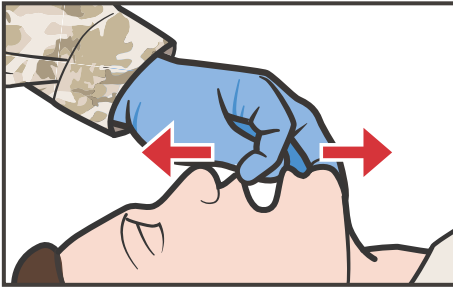


09 POSITION the extraglottic airway so that the cuff outlet is facing toward the chin.

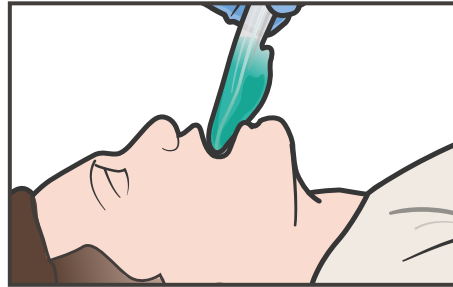
Continued on next page...

EXTRAGLOTTIC AIRWAY

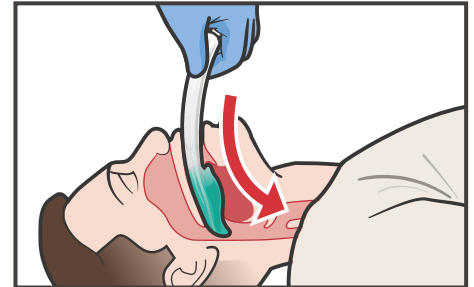
Continued...



10 OPEN the mouth with crossed- or scissors-finger technique.



11 INTRODUCE the leading soft tip into the mouth directed toward the hard palate.

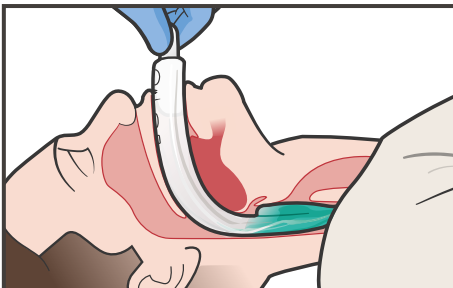


12 GLIDE the device downward and backward along the hard palate with a continuous but gentle push until a definitive resistance is felt.

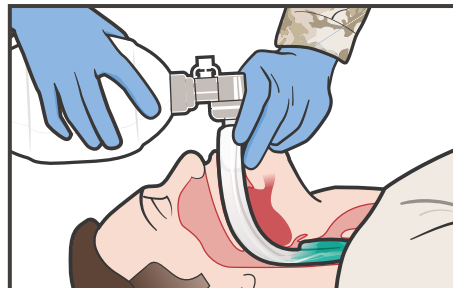
STEP 12 NOTE: If early resistance is encountered during insertion, remove and perform the maneuver to open the airway.

STEP 12 CAUTION: Do not apply excessive force on the device during insertion. At this point, the tip of the airway should be located in the upper esophageal opening and the cuff should be located against the laryngeal framework.

STEP 12 NOTE: It is correctly positioned when the incisors are in line with the horizontal line at the middle of the integral bite block.



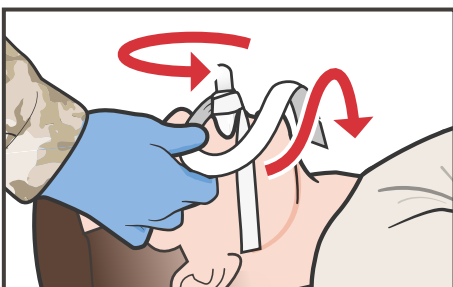
13 To avoid the possibility of the device moving out of position before being secured in place, the extraglottic airway must be **HELD IN THE CORRECT POSITION** until fully secured.



14 ATTACH the BVM to the extraglottic airway and ventilate the casualty.

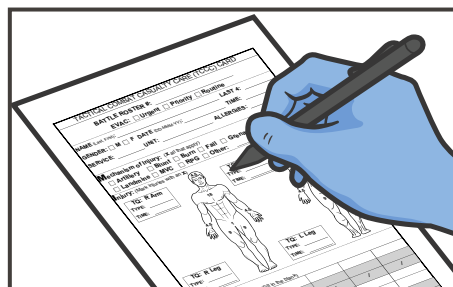


15 ASSESS VENTILATION.
(a) Auscultate lung fields (if possible).
(b) Watch for rise and fall of the chest.
(c) Auscultate the abdomen (if possible).



16 SECURE the device to the casualty.

NOTE: Tape from "maxilla to maxilla".



17 DOCUMENT all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.