



اداره راه هوایی

دکتر علیرضا علا

متخصص طب اورژانس

دانشیار دانشگاه علوم پزشکی تبریز



← Emergency

Airway Management



Upper-Airway Anatomy:

- *Nose*
- *Mouth*
- *Nasopharynx*
- *Oropharynx*
- *Larynx*
- *Trachea*

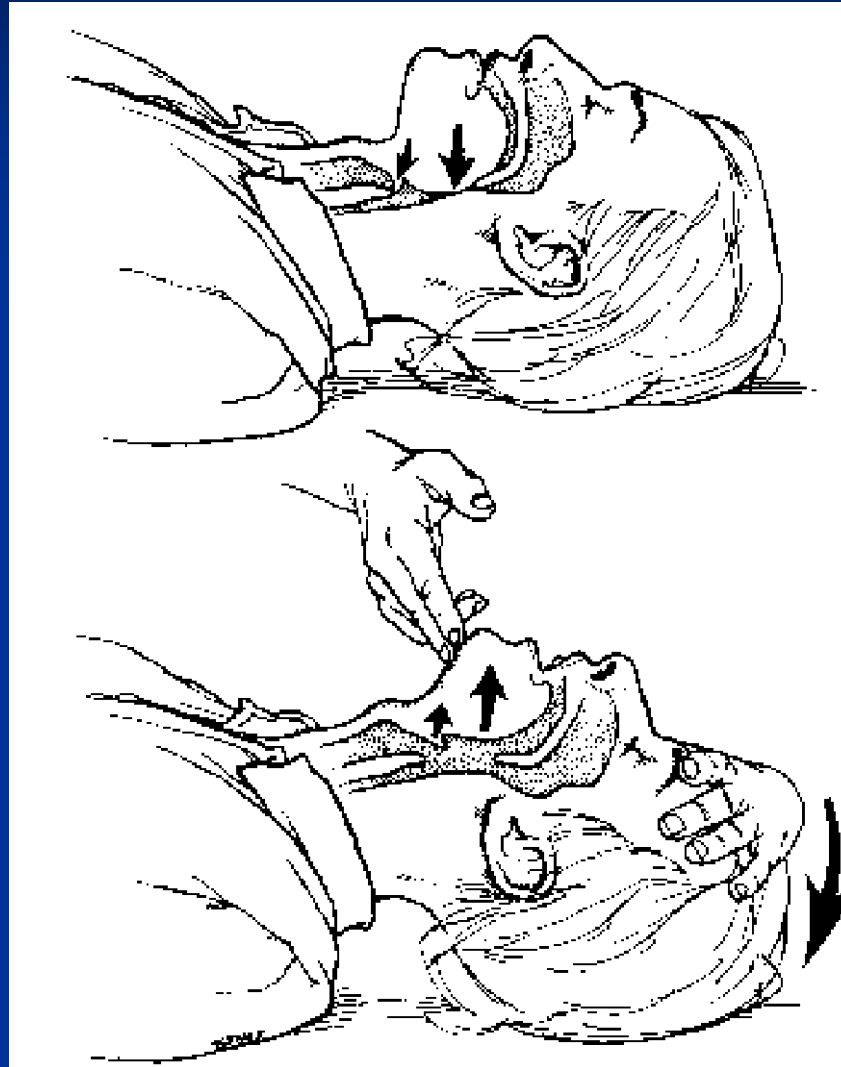


Airway Maneuvers:

(Primary Airway Management)

- *Head Tilt-Chin Lift*
- *Jaw Thrust*

Head tilt-Chin Lift:



Jaw Thrust:



Airway Devices:

(Secondary Airway Management)

- *Oropharyngeal Airway*
- *Nasopharyngeal Airway*
- *Bag-Mask Ventilation*
- *Laryngeal Mask airway(LMA)*
- *Esophageal-Tracheal Combitube*
- *Orotracheal Intubation*

Oropharyngeal Airway:

Choose The Best One

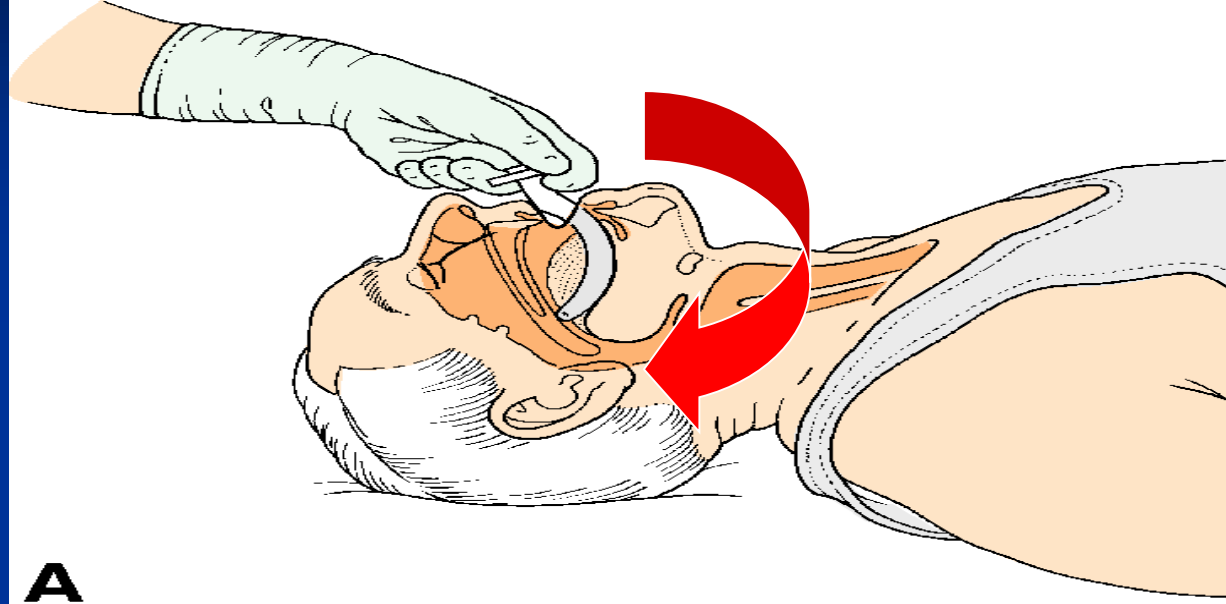


Do Not Use It In CONSCIOUS Patients.

erman_drala @ yahoo.com

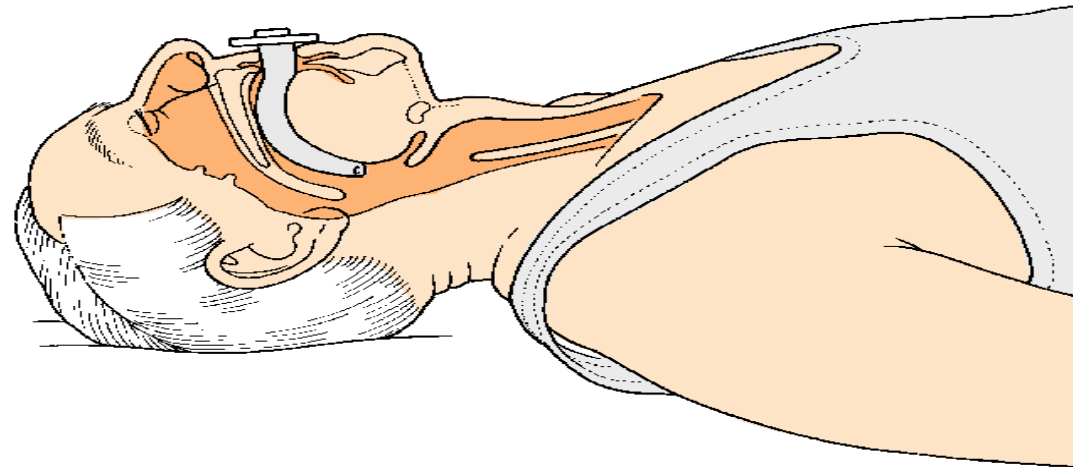
Technique:

A. Insertion



A

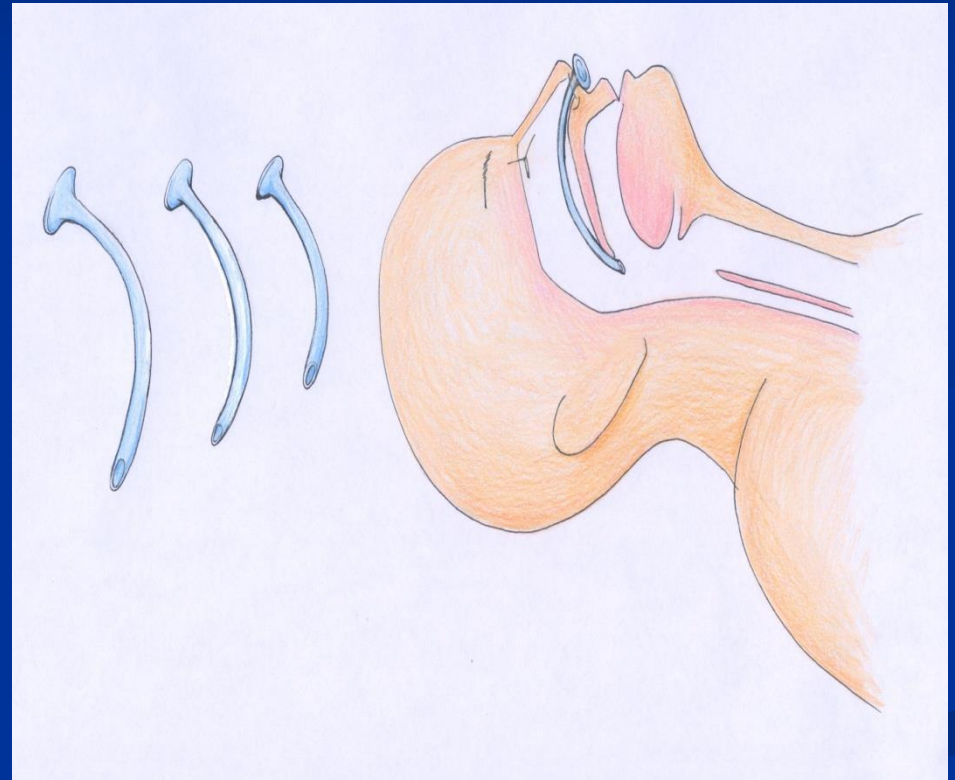
*B. Rotation
(180°)*



B

Nasopharyngeal airway:

Choose The Best One



Do Not Use It In Skull Bass Fr. Patients.

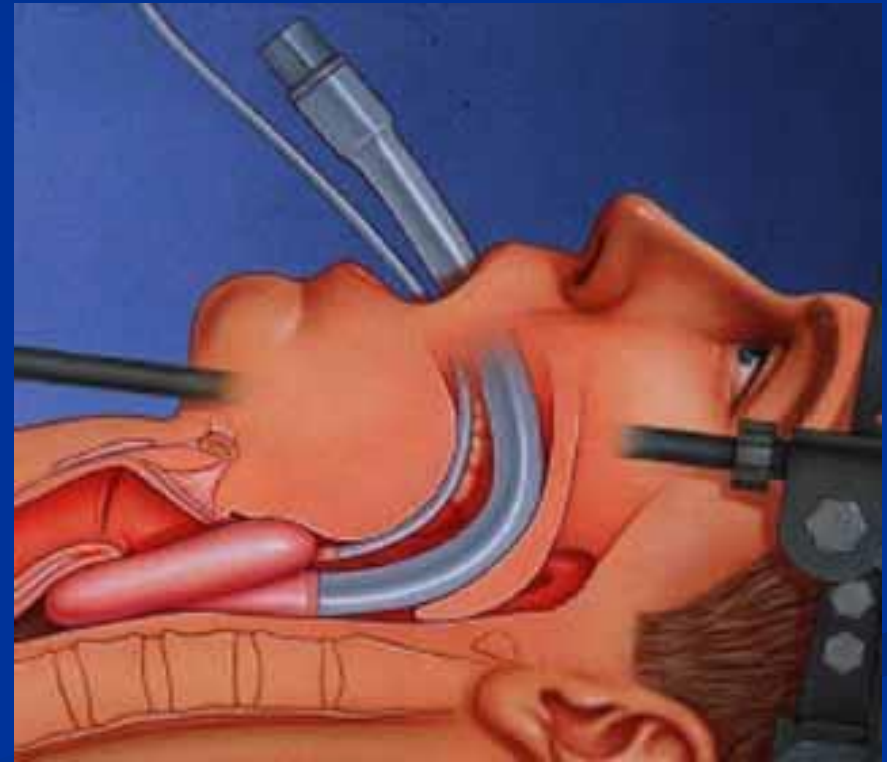
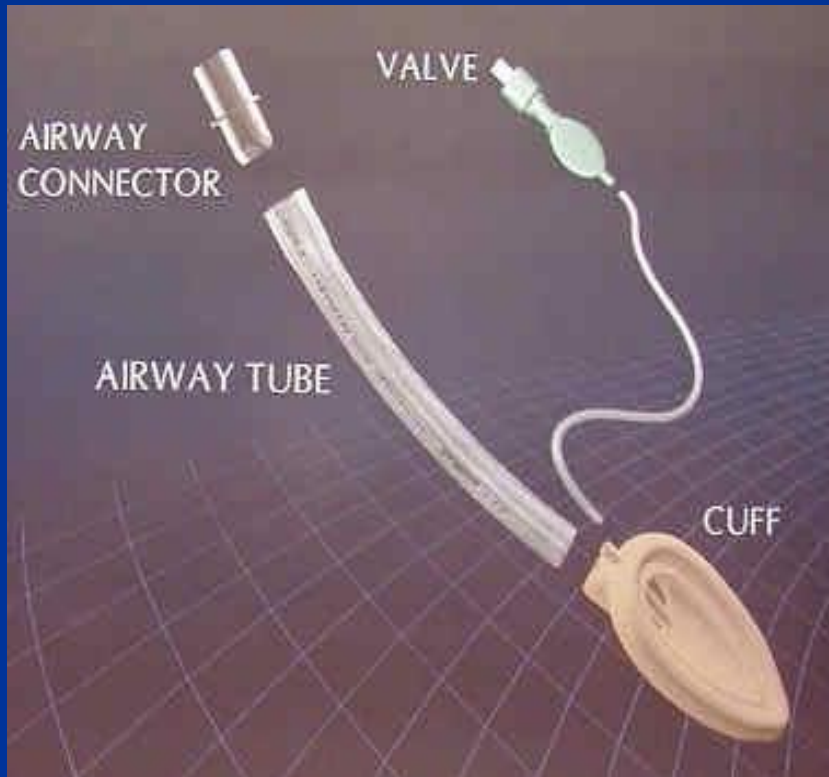
Bag-Mask V.





Laryngeal Mask Airway (LMA):

Choose The Best One



LMA In Your Hand:



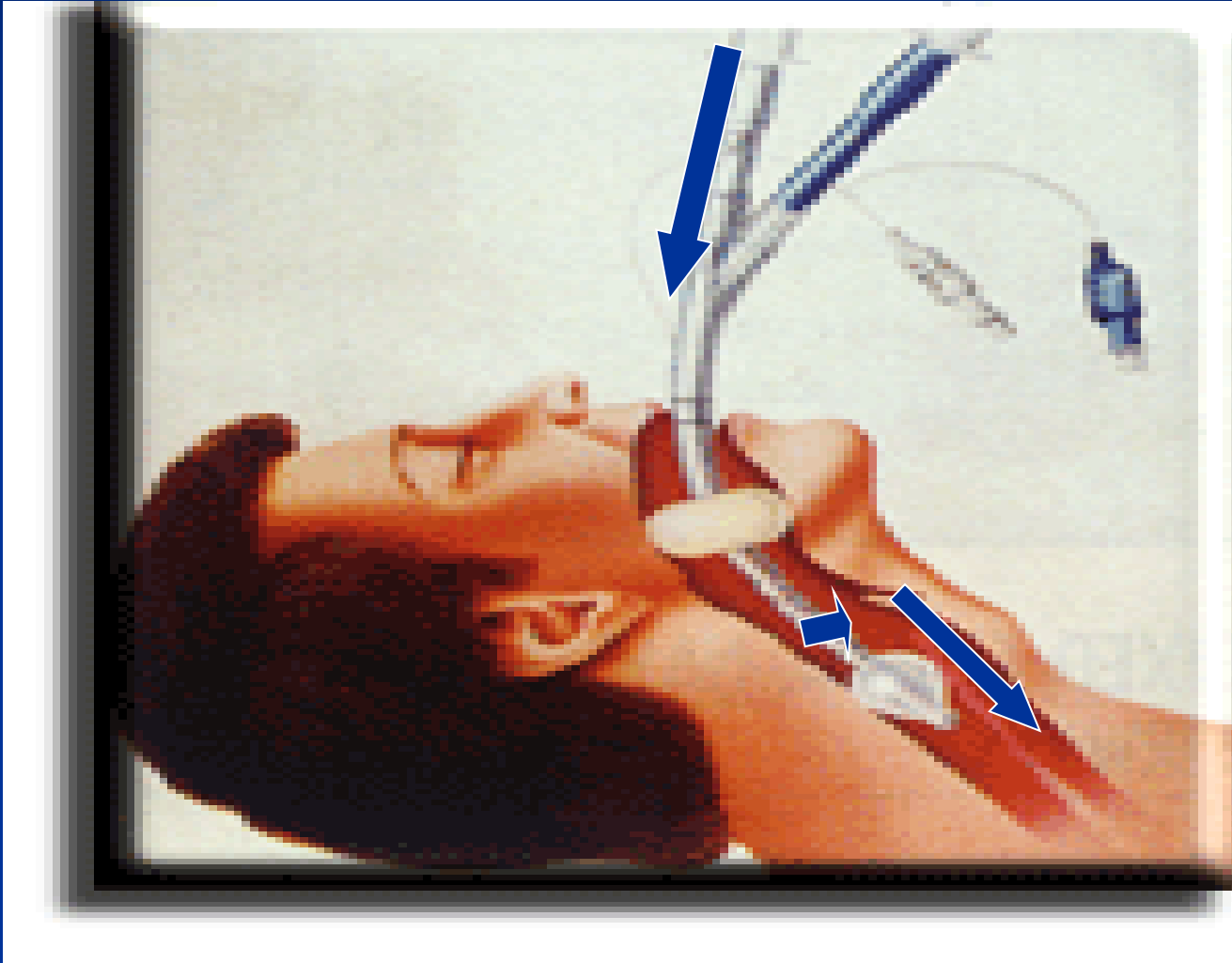
LMA Insertion Technique:



Esophageal Tracheal Combitube:



Esophageal Tracheal Combitude:



Orotracheal Intubation:

■ *Indications:*

1. Hypoxemia

2. Hypoventilation

3. Muscle Fatigue

4. Airway Protection

5. Threatened Airway

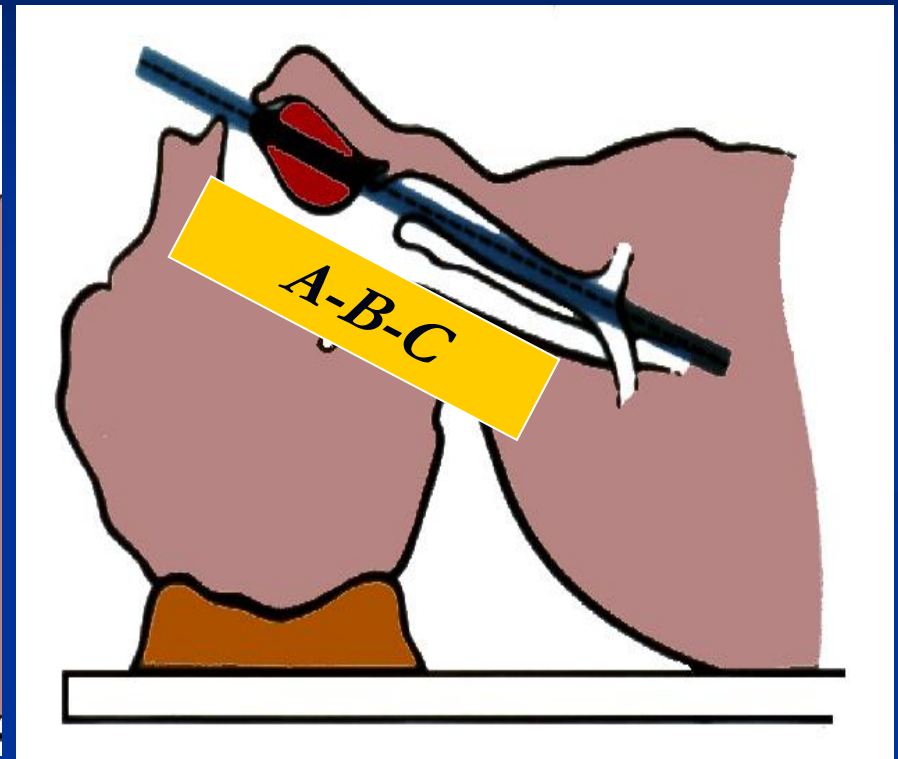
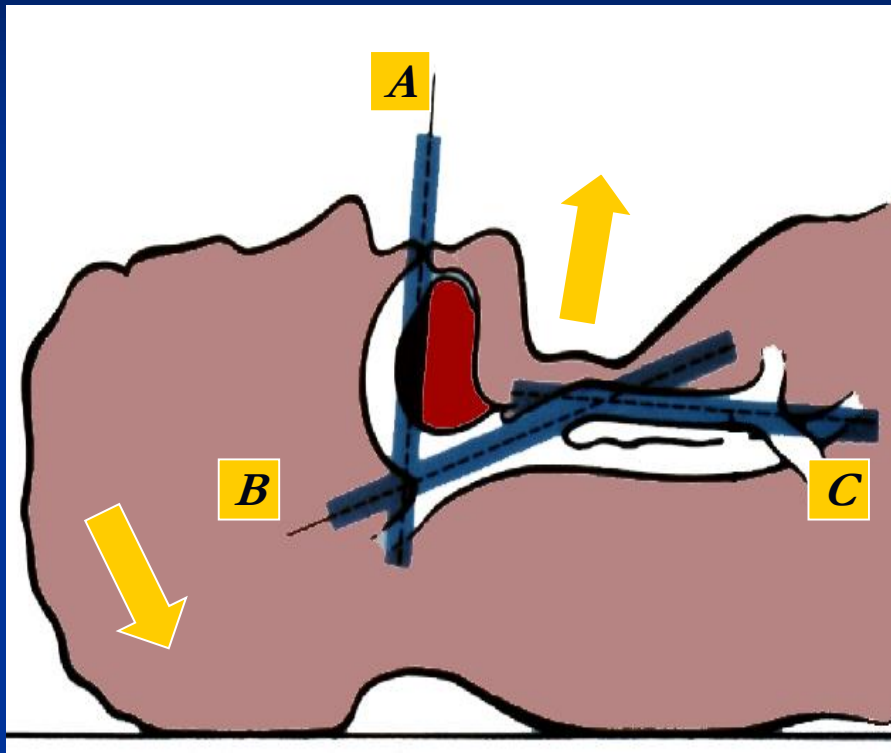
6. Out Of ED Facilities

Prepare Laryngoscope:



Laryngoscope Should Be In Your LEFT Hand

Prepare Patient:



Extend-the-head-on-neck (“look up”): aligns axis A relative to B

Flex-the-neck-on-shoulders (“look down”): aligns axis B relative to C

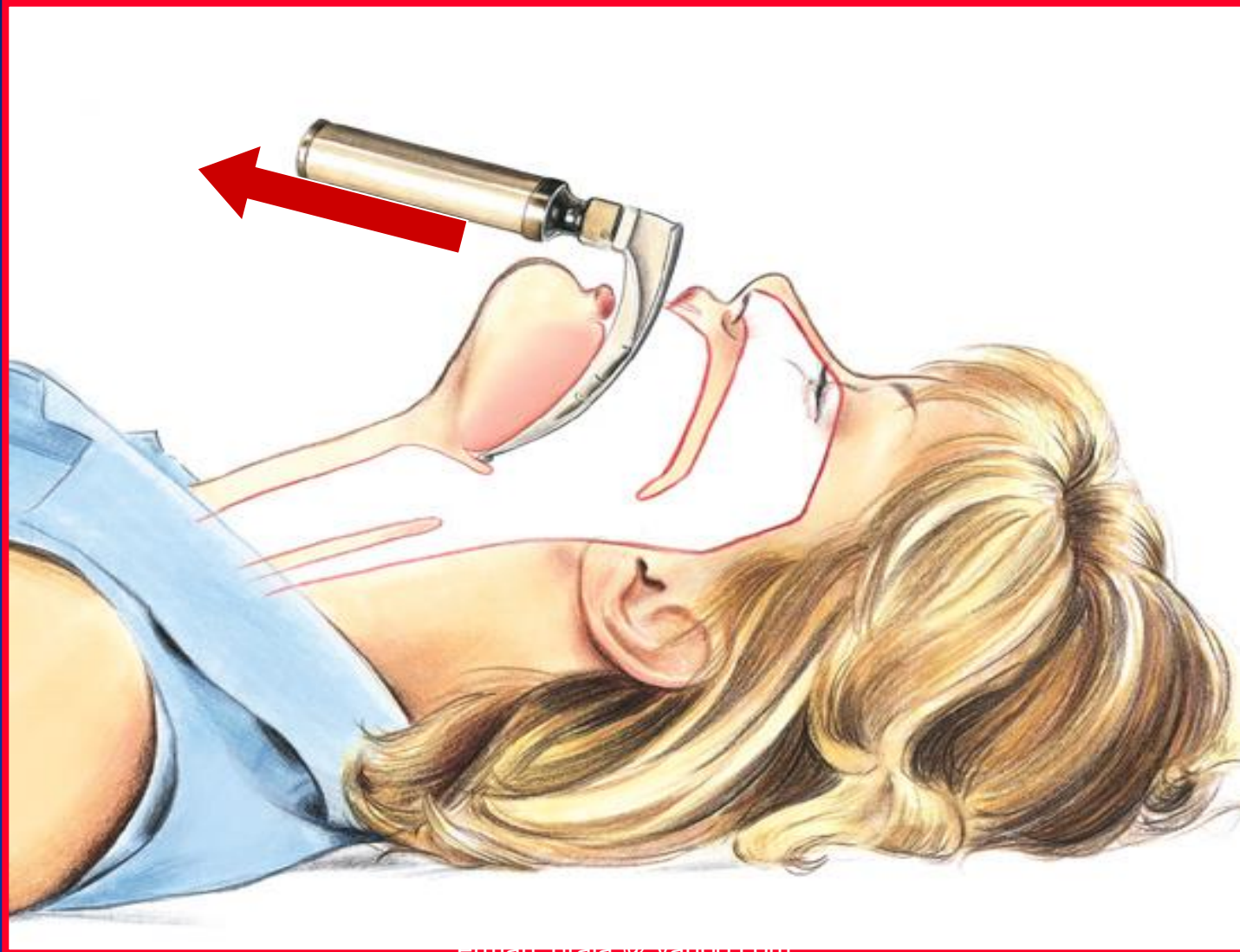
How To Intubate?

- 1. Insert The Laryngoscope In **RIGHT** Side Of Mouth.*
- 2. When You See The Epiglottis Push It **UP & FORWARD.***
- 3. **Now**, You Can See The Vocal Cords.*



*Easy To Say
Difficult To Do*

True Intubation:



Vocal Cords To Mouth:









Intubation By Glidoscope:



- *Difficult Intubation*
- *Intubation Training*

And Now
A Surgical Method For
Airway Management
Cricothyroidotomy
In 20 Sec.



خسته نباشید