

## **ADVANCED PEDIATRIC AIRWAY TECHNIQUES**

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- At some stage, somebody will ask you what equipment you would like
- This is the list:

**Face masks**  
**LMAs and Guedel/nasopharyngeal airways**  
**Self-inflating Laerdal bag**  
**Endotracheal tube**  
**Suction device**  
**Cricothyroidotomy kit**

## **Oropharyngeal and nasopharyngeal airways**

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- Oropharyngeal: from mouth to angle of mandible
  - May cause vomiting
- Nasopharyngeal: from nose to tragus of ear
  - May cause hemorrhage
  - Contraindicated in base of skull fractures

Ok, so you have inserted one of these. Is it successful?  
if not, URGENTLY reassess your airway

## **Laryngoscopy**

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- The straight bladed laryngoscope lifts directly, by pushing on the epiglottis
  - This causes vagal stimulation because the epiglottis is innervated by the vagus nerve
- the curved laryngoscope blade pushes the epiglottis forward
  - inserted into the vallecula – glossopharyngeal territory, so no vagal stimulation occurs

## **ET tubes**

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- Plain plastic tube before puberty, cuffed ones afterwards
- Prepubescent cricoid rings are the narrowest parts
- **There should be a leak:** otherwise the tube is in too tight and there will be oedema

For over 1 yr olds:

- Tube Size estimation: **Internal diameter = (Age divided by 4) + 4**  
**Oral tube length = (Age divided by 2) + 12**  
**Nasal tube length = (Age divided by 2) + 15**

**NEONATES: tube is 3 – 3.5 mm**

**PRETERM: 2.5 mm**

**Magill's forceps:** to angle the tube, or to remove foreign bodies

**Tracheal suckers:** French gauge twice the mm diameter of tube; a 3mm tube = 6 french sucker