FIELD MEDICAL ASSISTANT COURSE (FMAC)

MODULE 07:
AIRWAY MANAGEMENT

TACTICAL FIELD MEDICAL AID (TFMA)

ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL PERSONNEL

- Buddy First Aid
- Field Medical Assistant

You are HERE

MEDICAL PERSONNEL

- Paramedic
- Nurse
- Doctor

STUDENT LEARNING OBJECTIVES

TERMINAL LEARNING OBJECTIVE

TO8 Given a combat or noncombat scenario, perform airway management during Tactical Field Care in accordance with CoTFMA Guidelines

EO45 Identify signs of an airway obstruction

EO46 Demonstrate opening the airway with the head-tilt chin-lift or jaw-thrust maneuver

EO47 Demonstrate the placement of a casualty in the recovery position in Tactical Field Care

EO48 Demonstrate the insertion of a nasopharyngeal airway (NPA) into a casualty in Tactical Field Care

EO49 Describe the technique for ventilating a casualty with a bag valve mask (BVM) in Tactical Field Care

TACTICAL FIELD CARE

MARCH PAWS

DURING LIFE-THREATENING

MASSIVE BLEEDING #1 Priority

AIRWAY

RESPIRATION

CIRCULATION

HYPOTHERMIA / **H**EAD INJURIES

AFTER LIFE-THREATENING

PAIN

ANTIBIOTICS

WOUNDS

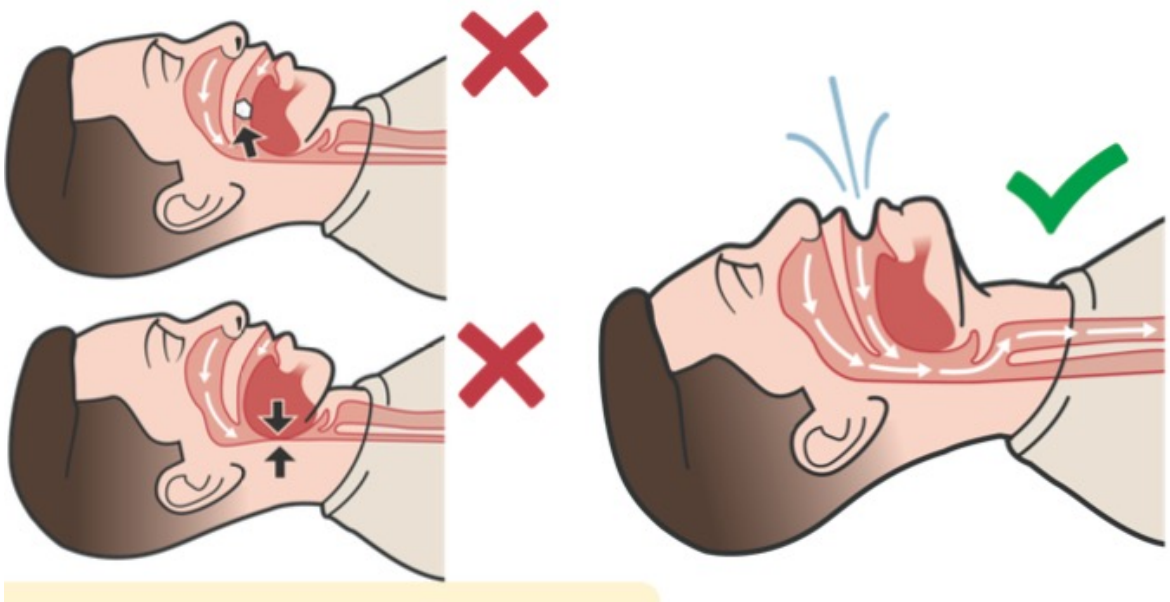
SPLINTING

AIRWAY

AIRWAY MANAGEMENT

- Airway obstruction on the battlefield is often due to maxillofacial trauma
- If the casualty is breathing on their own but **unconscious** or **semi-conscious**, and there is no airway obstruction, further airway
- management is achieved through a Nasopharyngeal Airway (NPA)
- **Unconscious** casualties can also lose their airway as the muscles of their tongue may have relaxed, causing the tongue to block the airway by sliding to the back of the mouth and covering the opening to the windpipe

IDENTIFYING OBSTRUCTED AIRWAY



IMPORTANT! Remove any visible objects, obstructing the airway, but do not perform a blind finger sweep

SIGNS AND SYMPTOMS

AIRWAY MAY BE BLOCKED:

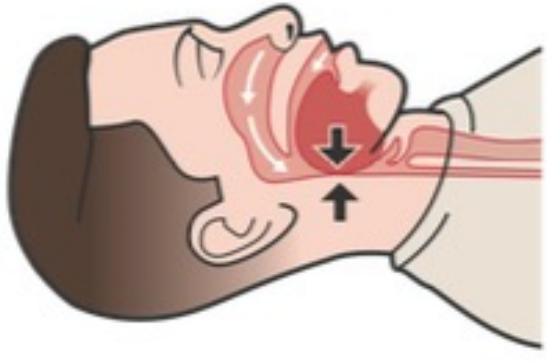
- Casualty is in distress and indicates they can't breathe properly
- Casualty is making snoring or gurgling sounds
- Visible blood or foreign objects are present in the airway
- Maxillofacial trauma (severe trauma to the face) is observed

M A R C H

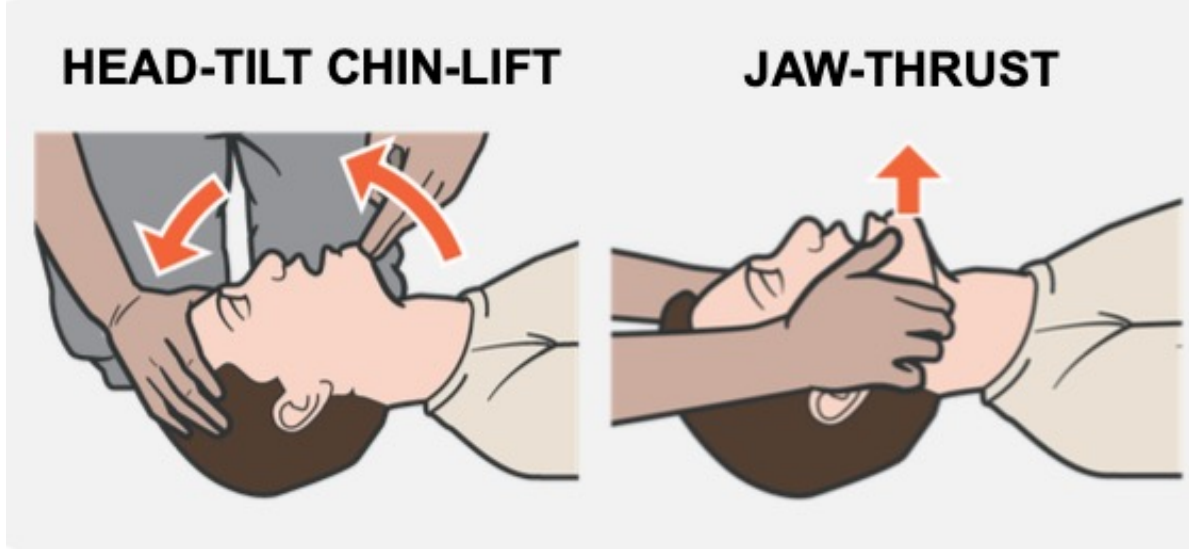
OPENING THE AIRWAY

IN A CASUALTY WITHOUT A FOREIGN BODY AIRWAY OBSTRUCTION, YOU CAN PERFORM THE FOLLOWING MANEUVERS:

Unconscious casualty's tongue may have **relaxed**, causing the tongue to **BLOCK** the airway by sliding to the back of the mouth and **covering the opening to the windpipe**



If you suspect that the casualty has suffered a neck or spinal injury, use the jaw-thrust method



M A R C H

AIRWAY MANAGEMENT

HEAD-TILT/CHIN-LIFT AND JAW-THRUST MANEUVER

HEAD-TILT/CHIN-LIFT AND JAW-THRUST MANEUVER

Video can be found on DeployedMedicine.com

SKILL STATION

Airway (Skills)

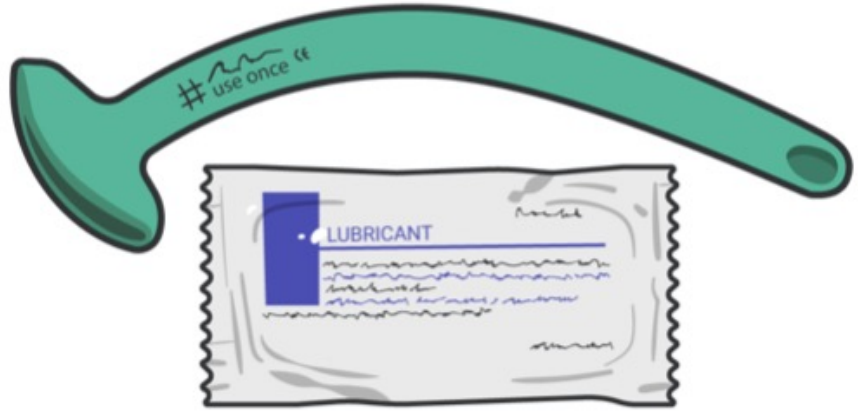
- Head-Tilt/Chin-Lift
- Jaw-Thrust Maneuver

OPENING THE AIRWAY

MANAGING THE AIRWAY

IF the casualty is breathing on their own but **unconscious** or **semi-conscious** AND there is no airway obstruction, further airway management is best achieved with a **nasopharyngeal airway (NPA)**

An **NPA** can be used on a **conscious** or **unconscious** casualty to help open/maintain an open airway



DO NOT attempt to insert an NPA if there is clear fluid coming from the nose or ears. This may be cerebrospinal fluid (CSF) and may be an indication of possible skull fracture.

M A R C H

AIRWAY MANAGEMENT

NPA HOW-TO VIDEO

NASOPHARYNGEAL AIRWAY

Video can be found on DeployedMedicine.com

MAINTAINING THE AIRWAY

CASUALTY POSITIONING

- If a casualty **can breathe on their own**, let them assume the best position that allows them to breathe, including sitting up

  a casualty **can breathe on their own in a position of hoice, DO NOT** force them into a position or perform irway procedures that causes them difficulties in breathing

MANAGING THE AIRWAY

MAINTAINING THE AIRWAY/RECOVERY POSITION

Casualties with **severe facial injuries** can often protect their own airways by sitting up and leaning forward

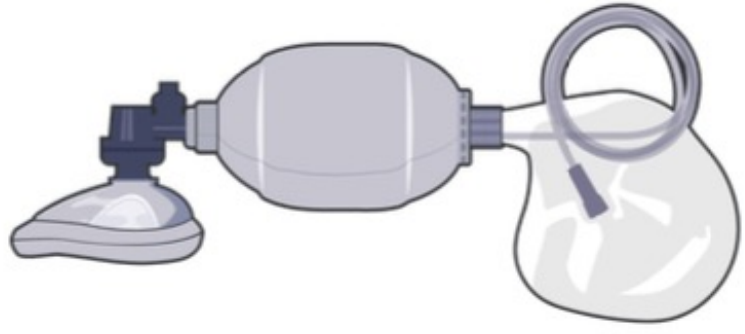
Assist a **conscious** casualty by helping them assume **any position** that **ALLOWS THEM TO BREATH EASILY, including sitting up**

For an **unconscious** casualty not in shock, place them into the **RECOVERY POSITION**

M A R C H

CASUALTY UNABLE TO BREATHE ON THEIR OWN

- **Medical personnel** may ask you to assist them in ventilating a patient using a **bag valve mask (BVM**)
- If respirations are noted to be reduced, provide ventilator support with BVM ventilations
- A BVM is a device that can assist a casualty with breathing (ventilation) if they are NOT breathing adequately on their own



MANAGING THE AIRWAY

BAG VALVE MASK (BVM)

ONE & TWO-PERSON BAG VALVE MASK (BVM) VIDEO

Video can be found on DeployedMedicine.com

- Ventilations can be performed alone or with two people working together
- The mask is **sealed** over the casualty's mouth so that air **doesn't** escape
- Squeeze **firmly** for 1-2 seconds and 5-6 seconds apart

M A R C H

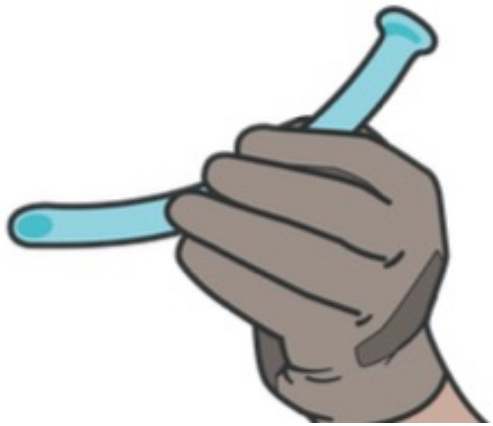
SKILL STATION

Airway (Skills)

- Recovery Position
- Nasopharyngeal Airway (NPA)
- One-Person Bag Valve Mask (BVM)/Two-Person BVM

SUMMARY

- **We identified**
- **We opened**
- **We maintained and managed**
- For casualties in which airway positioning and/or nasopharyngeal airways **DO NOT** successfully maintain an open airway, notify medical personnel IMMEDIATELY



CHECK ON LEARNING

- What is the best position for a conscious casualty who is breathing on their own?
- Why are casualties placed in the recovery position?
- What are the two methods that can be used to open an airway?
- How does an NPA provide an open (patent) airway?

ANY QUESTIONS?