



Competencies on Airway Assessment to underpin airway management

PACU Airway Learning and Teaching Resource

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Competencies : Airway Assessment

Core clinical learning outcomes:

- *Is able to critically assess the patient's airway by observation of patient status within the context of the known risks of airway obstruction in the immediate post anaesthetic phase*
- *Is able to demonstrate skill in the assessment of normal airway function*
- *Is able to explain how to recognise partial and complete airway obstruction*

Content Knowledge and skills	A. Physical Assessment : 'look listen feel' technique on patient reception • <i>Is able to demonstrate skill in airway prioritisation & assessment as first priority of care on patient arrival</i>
1.	Demonstrates skill in assessing airway using 'look, listen, feel' technique as first priority on patient arrival
2.	Rationalises the need to prioritise airway until the patient wakes up and protective reflexes have returned
	B. Airway assessment : LOOK technique • <i>Is able to use signs from 'LOOK' technique to assess airway [along continuum from clear to total obstruction]</i>
3.	• Is able to recognise misting on mask [T piece] as a key indicator of airway patency providing rationale for this • Is able to identify how partial / complete obstruction would affect mask misting

4.	Is able to explain the significance of colour in assessing airway function [from confirmation of clear airway to total obstruction]
5.	- Is able to identify the normal range of saturation of oxygen [SaO₂] - Is able to rationalise how airway obstruction lowers SaO₂ - Is able to discuss why the pulse oximeter is a valuable tool in airway assessment
6.	- Is able to identify normal range of end tidal CO₂ readings - Is able to rationalise how obstruction raises end tidal CO₂ readings
7.	- Is able to Identify normal rate and depth of breathing and state why this is an indicator of airway function - Is able to explain how rate and depth of breathing can be affected by airway obstruction
8.	- Is able to recognise a normal unobstructed breathing pattern giving rationale - Is able to discuss what happens to breathing pattern in airway obstruction
9.	- Is able to identify and describe the function of the accessory muscles in airway obstruction - Is able to describe how to recognise the use of accessory muscles in airway obstruction
10.	- Is able to describe 'tracheal tug' - Is able to explain why 'tracheal tug' is a sign of acute obstruction
11.	- Is able to identify parameters for normal cardio-vascular function - Is able to rationalise why cardio-vascular function may be affected in airway obstruction

	C. Airway Assessment : LISTEN technique Is able to use signs from 'LISTEN' technique to assess airway [along continuum from clear to total obstruction]
12.	- Is able to describe/ recognise the following noises associated with airway patency, giving rationale for assessment - normal quiet breathing - snoring noise - crowing noise - gurgling noise - wheezing noise - complete silence
	D. Airway Assessment : FEEL technique Is able to use signs from 'FEEL' technique to assess airway [along continuum from clear to total obstruction]
13.	- Is able to demonstrate how to FEEL for the air exhaled at the mouth and nostrils - Is able to explain why this is the definitive sign that air is passing along airway
	E. Critical Assessment : RISK Is able to explain how risk analysis informs physical assessment in anticipating and pre-empting airway complications
14.	Is able to assess level of consciousness and explain why this puts airway at risk
15.	Is able to assess patient position and rationale why supine position may be an indicator of airway risk

17.	Is able to assess lack of airway adjunct and states why this may be an indicator of risk
18.	Is able to explain how obesity may be a significant risk factor in airway maintenance
19.	Is able to explain how surgery to the head or neck may increase the risk of airway obstruction

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