**Basic Airway Management**

*Please print, complete and hand in this quiz at the start of the Basic Airway Management seminar*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long does it take for hypoxia to begin to cause irreversible brain injury in a patient?
	1. 1 minute
	2. 5 minutes
	3. 10 minutes
	4. Immediately
	5. Hypoxia alone does not cause irreversible brain injury.
2. Which of the following protects the trachea from aspiration of secretions and stomach contents?
	1. Oropharyngeal airway
	2. Nasopharyngeal airway
	3. Cuffed endotracheal tube
	4. All of the above.
	5. None of the above.
3. The most common cause of airway obstruction in the unconscious patient is:
	1. Food bolus in the posterior pharynx
	2. Loss of tone in the submandibular muscles resulting in prolapse of the tongue into the posterior pharynx
	3. Collapse of the trachea due to loss of tone in the supporting muscles
	4. Laryngospasm due to aspiration of oral secretions
4. When managing an unconscious patient who has is making laboured and noisy respirations the physcian must first:
	1. Commence positive pressure ventilation with a bag-mask device immediately
	2. Immediately perform endotracheal intubation
	3. Perform a "finger sweep" to clear the oropharynx of foreign material
	4. Perform a simple maneuver such as a head tilt-chin lift to open the airway
5. The jaw thrust maneuver for opening the airway has the advantage of the head tilt-chin lift maneuver in that:
	1. It is easier to perform
	2. It permits the use of either an oropharyngeal or nasopharyngeal airway
	3. It can be performed without neck manipulation
	4. It more closely approximates the natural airway anatomy
6. To perform a jaw thrust maneuver the physician:
	1. Stands to the left of the patient, grasps the chin between the thumb and index finger of the left hand and pulls the jaw forward
	2. Stands at the patients head looking down at the patient, and pushes up on the angle of the mandible using the middle fingers of each hand
	3. Encourages the patient to thrust their jaw forward to maintain an open airway
	4. Pushes down on the patients forhead with his left hand to extend the neck and elevates the mandible using the tips of his right index and middle fingers
7. Airway adjuncts such as oropharyngeal and nasopharyngeal airways:
	1. Prevent the tongue from occluding the airway and therefore create an open conduit for air to pass
	2. Free the physician's left hand so he can deliver a larger volume of air by squeezing the bag-mask device with both hands
	3. Provide an open conduit for air to pass into the trachea and protect the trachea from aspiration of oral secretions
	4. Allow the physician to ventilate the patient without the use of a mask device
8. The nasopharyngeal airway has the advantage over the oropharyngeal airway in that it:
	1. Is made of soft plastic and therefore is less traumatic during insertion
	2. Is usually better tolerated in a semi-conscious patient and can be inserted in a patient who has their teeth clenched
	3. Has a larger internal diameter and therefore allows a greater volume of gas exchange
	4. Makes it easier to suction the oropharynx of excess secretions
9. Bag-mask ventilation:
	1. Will deliver a larger volume of air than mouth to mouth ventilation
	2. Is a relatively easy skill that permits positive pressure ventilation with oxygen rich air
	3. Is a difficult skill to master but has the advantage of delivering oxygen rich air if performed correctly
	4. If performed correctly, can avoid the need for endotracheal intubation
10. The correct size of mask to use with the bag ventilator:
	1. Should cover the mouth and seal against the nose to avoid air leaks during ventilation
	2. Should cover the mouth such that oxygen rich ambient air is able to pass through the nose unobstructed during ventilation
	3. Should seal against the nose if a nasopharyngeal airway is being used and seal against the mouth if an oropharyngeal airway is being used
	4. Should cover the mouth and nose and create a tight seal to avoid air leaks during positive pressure ventilation
11. To create a tight seal with the mask during positive pressure ventilation the physician should:
	1. Push the mask firmly down against the patient's face
	2. Lift up on the mandible with the third, fourth and fifth fingers to maintain an open airway, while holding the mask firmly in place with the thumb and index finger
	3. Hold the patient's mouth open with the third, fourth and fifth fingers while holding the mask firmly in place with the thumb and index finger
	4. Hold the mask firmly with the thumb and index finger of both hands while squeezing the bag device between the palms of both hands
12. Endotracheal intubation with a cuffed tube:
	1. Will protect the airway from secretions and vomitus so should be undertaken immediately, and before commencing positive pressure ventilation
	2. Is the only way to ensure adequate positive pressure ventilation and so should be performed as soon as possible during a resuscitation
	3. Should be performed as soon as possible in a patient who is unable to protect their own airway, but only by a person with specific training and expertise in the technique
	4. Will make the technique of bag-mask ventilation easier, protect the airway, and permit delivery of oxygen rich air to the patient.