

AIRWAY MANEUVERS AND RECOVERY POSITION INSTRUCTION

TASK:	Open an airway using the head-tilt/chin-lift and jaw-thrust maneuvers
CONDITION:	Given a trauma casualty with an airway obstruction
STANDARD:	Demonstrate maneuvers to open the airway of an unconscious casualty
EQUIPMENT:	Part-task trainer or training buddy

PERFORMANCE MEASURES: Step-by-step instructions.

- 01** Kneel at the level of the casualty's shoulders and roll the casualty onto their back on a hard, flat surface, if possible. Position yourself on the side of the casualty.
- 02** Open the mouth and look for anything blocking the airway. Look for lacerations, obstructions, broken teeth, burns or swelling or other debris such as vomit. Remove visible objects immediately. **DO NOT** perform a blind finger sweep inside the mouth.

Open the Airway

 - (a) Use the Head-Tilt/Chin-Lift maneuver, if no suspicion of a neck or spine injury.**
 1. Place one hand on the casualty's forehead and apply firm, backward pressure with the palm of your hand. Tilt the head back gently.
 2. Place the fingertips of your other hand under the tip of the bony part of the casualty's lower jaw (thumb on the top) and bring the chin forward.
 3. Lift the chin upward. The mouth should not be closed as this could interfere with breathing if the nasal passages are blocked or damaged.

NOTE: If needed, the thumb may be used to depress the casualty's lower lip slightly to keep the mouth open. **CAUTION:** Do not use the thumb to lift the lower jaw. Do not press deeply into the soft tissue under the chin with the fingers as this could close the casualty's airway.
 - (b) Use the Jaw-Thrust maneuver, if you suspect a neck or spine injury.**
 1. Position yourself on your knees at the head of the casualty and rest your elbows on the ground.
 2. Place your forearms along the casualty's head to stabilize. Maintain positive control ensuring not to rotate or move the neck or head.
 3. Place the fingers under the curvature of the jaw line ensuring fingers are below the ears and place the thumbs onto the chin.
 4. Use the index fingers to pull the lower jaw up while using the thumbs to push the casualty's chin forward. **NOTE:** If the casualty's lips are still closed after the jaw has been moved forward, pull back the lower lip and open the mouth to let air flow. **NOTE:** Neck and/or spine injuries are suspected in obvious head or neck trauma and in blast injuries or motor vehicle accidents.
- 03** Reassess for breathing. Look for a rise in the chest during breaths, listen for air moving in and out & feel for breath on your cheek.
- 04** Look/feel for any wounds by running hands across the chest, abdomen and back using a sweeping motion. **NOTE:** To examine the back, kneel beside the casualty, reach across their body and grab them at the waist and shoulder; roll them on to your knees, and move/remove clothes and body armor to expose their back.
- 05** Position the casualty. Place a casualty that is awake in a sitting or the recovery position. Place an unconscious casualty in the recovery position.

NOTE: To place the casualty in the recovery position, extend the arm that will be on the bottom as you roll the casualty towards you above the casualty's head and bend the other (top) arm so the back of their hand is against their cheek on the opposite side, Roll the casualty as a single unit onto their side. Ensure the chin is raised forward. Bend the upper leg and place the knee on the ground. Slightly bend the lower leg. In a casualty with a suspected spinal injury, do not place the casualty in the recovery position. Leave them as you find them on a hard, flat surface.
- 06** Document medical aid on the casualty's DD1380 Tactical Combat Casualty Care (TCCC) Card.
- 07** Communicate your findings and any medical aid provided to medical personnel; assist with evacuation, as requested.