



ERRATA:

COMPETENCY BASED ORIENTATION AND CREDENTIALING PROGRAM FOR THE REGISTERED NURSE CARING FOR THE PEDIATRIC PATIENT IN THE PERIANESTHESIA SETTING – 2016 EDITION

Chapter 7: Airway Management: Anatomical and Physiological Differences

Page 71 CORRECTED TEXT is in **bold** print:

- Oral airway
 - Used only on the obtunded patient. It prevents the tongue from partially or completely obstructing the epiglottis.
 - Size is measured by lining up the airway from the patient’s **corner of the mouth to the angle of the mandible**.
 - Insert the oral airway **by using a tongue blade or tongue depressor and insert with the tip of the device pointing toward the back of the throat in the position it will rest in after placement; it can also be placed by inserting it sideways and rotate it 90 degrees when in place**. The flared end of the oral airway should sit securely at the oral opening.
- Nasal trumpet
 - This is a tube designed to be inserted in the nasal passage to relieve airway obstruction.
 - It is measured by lining up the tube from patient’s **earlobe to the tip of the nostril**; ensure that the diameter of the nasal airway is not larger than the nostril.
 - This method is usually helpful in the obtunded patient and is tolerated by a drowsy patient.
 - **The use of the nasal airway should be avoided in patients with nasal deformities, bleeding disorders, patients on anticoagulants, known basilar skull fractures or facial trauma**.
 - Utilizing a nasal trumpet is very helpful with children with hypotonia associated with other anomalies such as cerebral palsy or spasticity. These children will frequently present with “floppy” airways as part of generalized hypotonia.

Bibliography

American Heart Association. Web-based Integrated Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care – Part 11: Pediatric Basic Life Support and Cardiopulmonary Resuscitation Quality. ECCguidelines.heart.org. Available at: <https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/part-11-pediatric-basic-life-support-and-cardiopulmonary-resuscitation-quality/>. Accessed March 15, 2017.

(continued)

Chapter 12: Pediatric Pain Scales

Page 124 CORRECTED TEXT is in **bold** print:

- The FLACC scale (an acronym standing for the variables that comprise the scale – **Face**, **Legs**, **Activity**, **Cry**, **Consolability**) is generally considered to be useful up to age seven (7)¹