



Nurses' self-preparation in laryngeal mask intubation

O auto preparo do enfermeiro na entubação pela máscara laríngea

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INTRODUCTION

The Laryngeal Mask (LM) is an extremely effective and practical device for intubation, demonstrating a high success rate on the first attempt, with a percentage of 95.5% and with intubation time less than 20sec, indicating a low margin of error. The role of nurses in this scenario stands out, since this professional contributes to the preservation of life, acting in an agile way. Considering the need for technical and scientific knowledge, in this scenario the need for professional improvement stands out. The objective is to survey the nurse's performance in relation to the use of ML, identifying the technical qualification for the use of this device and proposing a SOP model for use in a Hospital Institution.

METHODOLOGY

This is literature review research, with descriptive, qualitative and quantitative character. Its descriptors are: Nurse; Tissue Donors; Tissue and Organ Collection. The sample consisted of 23 scientific articles, published between 2012 and 2022, being 2 LATINDEX, 15 SCIELO, 1 UFSM, 1 UNISEPE, 1 COREN, 1 ABTO, 1 UNICAMP and 1 MS

RESULTS AND DISCUSSION

PAES & COIMBRA (2018) also report that the use of ML by nurses in emergency situations is extremely effective, however, due to being used infrequently, it requires the need for professional training. Thus, with due improvement, PEDERSOLI et al. (2011) indicate that after training, the use of ML by nurses indicates precocity, which significantly increases survival, as well as hospital discharge.

Therefore, due to the lack of references related to the use of ML by nurses, a Standard Operating Protocol was developed to assist the professional nurse in the use of ML, with legal support from COFEN Resolution No. 641/2020.



Chart 1 - SOP model for nurses in front of ML. Taubaté, 2023.

POP/ROUTINE - THE NURSE FACING ML																	
Prepared by: DIEGO AVILA																	
INTRODUCTION: The Laryngeal Mask is an alternative supra-glottic device used for airway management. It does not require a laryngoscope and other insertion instruments, which avoids trauma. The LMA can be used in surgery or in an emergency setting.																	
OBJECTIVE: To point out the role of nurses in the face of ML.																	
COFEN Resolution number 641/2020 refers to the use of DEGs, or Extraglottic Devices or other procedures for access to VA by nurses specifically in urgent and emergency situations, in intra-hospital or pre-hospital environments.																	
MATERIALS: <ul style="list-style-type: none">I. ML selected according to customer weight;II. Lidocaine;III. PPE: goggles, mask, gloves and cap;IV. Stethoscope;V. Pads;VI. Sedative medication;VII. Syringes and needles for aspiration, and also for infusion of sedative drug;VIII. AVP kit: Jelco, equipment, SF 0.9% or RL;IX. Silicone mask;X. System: suction;XI. Manual resuscitator or O2 source with ventilator circuit;XII. Multi-parameter monitors with ECG, capnograph and pulse oximeter;																	
PROCEDURES: <ul style="list-style-type: none">I. Maintain hand hygiene and be in use of PPE;II. Set up the operating room, or in the emergency unit, with the materials and medications;III. Put on procedure glove, lay client down properly;IV. Monitor the client;V. Obtain adequate AVP;VI. Select appropriate ML number according to the following table:<table border="1" data-bbox="507 1120 1062 1350"><thead><tr><th>Nº da máscara laríngea</th><th>Volume de ar no cuff</th></tr></thead><tbody><tr><td>1</td><td>4 ml</td></tr><tr><td>1,5</td><td>7 ml</td></tr><tr><td>2</td><td>10 ml</td></tr><tr><td>2,5</td><td>14 ml</td></tr><tr><td>3</td><td>20 ml</td></tr><tr><td>4</td><td>30 ml</td></tr><tr><td>5</td><td>40 ml</td></tr></tbody></table>VII. Open ML and first test by inflating the CUFF with a 20ml syringe to look for abnormalities;VII. Maintain lubrication of the ML faces with lidocaine, emphasizing the posterior face;VIII. Pre-oxygenate the client by offering the face mask, performing sedation;IX. Position client with neck flexed and head extended;<ul style="list-style-type: none">X. With the other hand hold the ML with index finger at the junction of cuff and tube, keeping the marked, black line of the tube facing cranially;XI. Introduce the ML with the convex side passing through the hard palate into the hypopharynx, always ensuring that the ML is not bent;XII. Maintain introduction until resistance is identified;XIII. Inflate cuff, maintaining inner cuff pressure at 60 cm with H2O.XIV. Connect ML to the ventilation circuit;XV. Ventilating client with VA pressure Nurses' perceptions of laryngeal mask use in the in-hospital service;XVI. Carefully observe chest expansion, capnography and perform lung auscultation to check tidal volume;XVII. In case of inadequate ventilation, inflate cuff and remove ML for reinsertion;XVIII. Fix ML with adhesive plaster on the client's face;XIX. Sanitize your hands;XX. Keep nursing notes;		Nº da máscara laríngea	Volume de ar no cuff	1	4 ml	1,5	7 ml	2	10 ml	2,5	14 ml	3	20 ml	4	30 ml	5	40 ml
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Adapted from: EBSERH. Procedure/Routine - Insertion of laryngeal mask. SOP.UCG.013. University of Juiz de Fora. 2021.																	



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