

About the McMurray Enhanced Airway (MEA)

The first distal pharyngeal airway (DPA)

Designed to quickly mitigate hypoxia • Ideal for OSA, older and obese patients • Suitable for most patients approximately 5ft-6ft in height

The multipurpose DPA

1. Relieves upper airway obstruction

- Upon a negative gag reflex, place between molars
- No setup needed or lubrication
- Elongated cushioned bite block

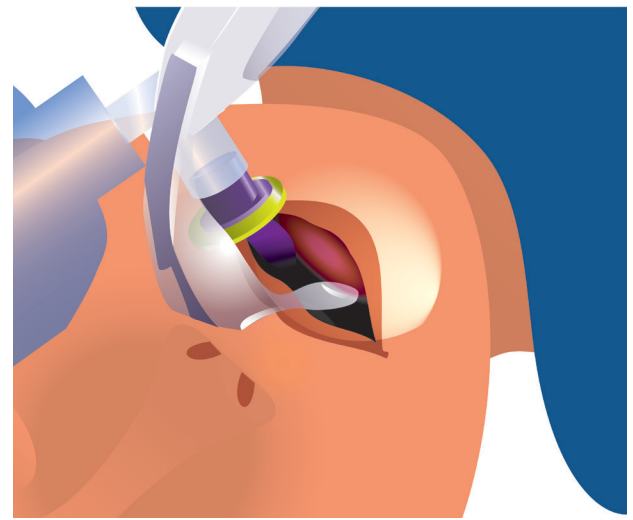
2. Provides apneic oxygenation to patients who are prone to hypoxia or difficult to intubate

- Slide the MEA to the left side of the mouth, connect the MEA to the BVM and intubate around it

3. Facilitates intraoral positive pressure ventilation (IOV)

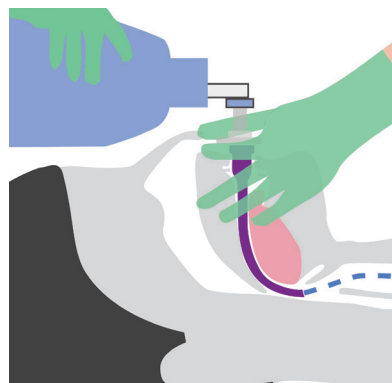
- Avoids challenging mask ventilation, especially with obese, OSA, edentulous, or bearded patients
- IOV accomplished either manually or with a mask

Extends beyond the tongue, stenting open the distal redundant pharyngeal tissue



Manually

1. Place patient's chin slightly in your left palm
2. Place thenar web space around MEA base
3. Pinch nares closed with thumb and index finger
4. Bring lips up to seal with palm



With a Mask

1. Place MEA midline
2. Attach straight connector (not included) to MEA connector
3. Place straight connector through the mask's hole
4. Couple to BVM

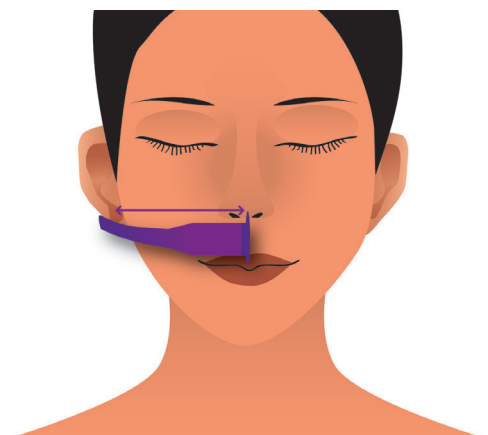


For Successful Placement – 3 Easy Steps

1

Size the MEA

Philtrum to tip of the earlobe (without the connector)



2

Assess Readiness

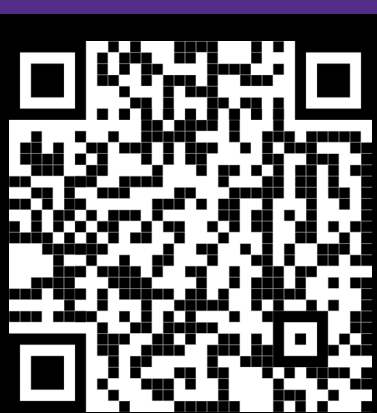
Patient has a negative gag reflex

3

Place

Midline with curve facing palate and slide between the molars

- If measured too long when sizing, withdraw until correctly placed – keep some molars on bite block
- No lubrication, rotation or tongue depressor routinely needed



SCAN ME

For a step-by-step video and more