



GLOBAL EMERGENCY MEDICAL REGISTRY

Oral Pharyngeal Airway (OPA) Skill Documentation Form

Candidate (Print): _____ Date: _____

Examiner (Instructor or Licensed Provider): _____

Examiner Signature: _____

Pass _____ Fail _____

Task:	Correct	Incorrect
Takes Body Substance Isolation procedures and PPE		
Sizes Oral Pharyngeal Airway Correctly		
Lubricates OPA, if needed		
Fully inserts OPA with orientation correct for device		
Demonstrates airway is patent by ventilating with BVM		

Critical Failure Criteria	
	Failure to take BSI precautions
	Failure to open the airway
	Failure to size and insert oral pharyngeal airway properly
	Failure to insert fully
	Failure to ventilate

NOTE: You must factually document any “incorrect” or critical failure criteria on back of this form