Knowledge Objectives
1. Describe the indications for using Magill forceps. (p 2)
2. Describe proper technique for using Magill forceps. (p 2)

Skills Objectives
1. Demonstrate removal of a foreign body from the upper airway with Magill forceps. (p 3, Skill Drill 1)
Introduction

In the setting of severe (complete) airway obstruction, you can make a difference between life and death. Immediate removal of a foreign body in the airway can often be achieved using BLS procedures.

Sometimes, however, the foreign body is deeper in the airway or embedded in tissue, so that basic maneuvers are unsuccessful. In such cases, using Magill forceps and direct laryngoscopy (visualization of the airway with a laryngoscope) may be the only option for removal.

If you are unable to ventilate a patient and conventional basic life support methods fail, consider using direct laryngoscopy for the removal of the foreign body in unresponsive patients. Insert the laryngoscope blade into the patient’s mouth. If you see the foreign body, carefully and deliberately remove it from the upper airway with Magill forceps. Also consider intubation to ventilate the patient. The steps for removal of an upper airway obstruction with Magill forceps are listed here and shown in Skill Drill 1.

1. Hold the laryngoscope handle with your left hand.
2. With the patient’s head in the sniffing position, open the patient’s mouth and insert the laryngoscope blade.
3. Exert gentle traction upward along the axis of the laryngoscope handle at a 45° angle, and advance the blade. Do not use the teeth or gums for leverage.
4. Watch the tip of the laryngoscope until the foreign body is visible. Do not go past the vocal cords. Use suction to improve visibility if secretions are present.
5. Insert the Magill forceps into the mouth with the tips closed.
6. Visualize the foreign body and retrieve it while looking directly at it.
7. Remove the object with the Magill forceps.
8. Look at the airway to ensure that it is clear of debris. Remove the laryngoscope blade.
9. Attempt to ventilate the patient.

Figure 1

Magill forceps.

Figure 2

Grasping a foreign object with the Magill forceps.
Skill Drill

Removal of an Upper Airway Obstruction With Magill Forceps

**Step 1**
With the patient’s head in the sniffing position, open the patient’s mouth and insert the laryngoscope blade.

**Step 2**
Visualize the obstruction, and retrieve the object with the Magill forceps.

**Step 3**
Remove the object with the forceps.

**Step 4**
Attempt to ventilate the patient.
When you suspect a severe (complete) airway obstruction, begin with BLS procedures. If these are unsuccessful, it may be necessary to use Magill forceps and direct laryngoscopy to remove a foreign body.

If you are unable to ventilate a patient and conventional basic life support methods fail, consider using direct laryngoscopy for the removal of the foreign body in unresponsive patients.

Using Magill forceps involves placing the patient’s head in the sniffing position and inserting the laryngoscope blade into the patient’s mouth. The Magill forceps is then inserted into the mouth with the tips closed. The foreign body is retrieved and then carefully and deliberately removed from the upper airway with the Magill forceps.

Never use the teeth or gums for leverage.

After removing the object, attempt to ventilate the patient.

direct laryngoscopy  Visualization of the airway with a laryngoscope.

Credits

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