

★ AIRWAY MANAGEMENT · BLS · ADULT

Head Tilt–Chin Lift *vs.* Jaw Thrust

Two manual airway maneuvers, two completely different patient scenarios. The choice you make in the first 10 seconds can save a life — or paralyze one. Master the indication, technique, and the priority rule that overrides everything else.

SYSTEM: RESPIRATORY

CATEGORY: BLS / TRAUMA

NGN NCLEX 2026



Sourcing note: This topic was not present in Diane's uploaded reference notes for this session. Content has been compiled from standard NGN NCLEX 2026 references: American Heart Association 2020 BLS Guidelines, Saunders Comprehensive Review for the NCLEX–RN (2024), ATI RN Adult Medical–Surgical Nursing, and Lippincott's Q&A Review for NCLEX–RN.



DEFINITION & OVERVIEW

What Are They & Why It Matters

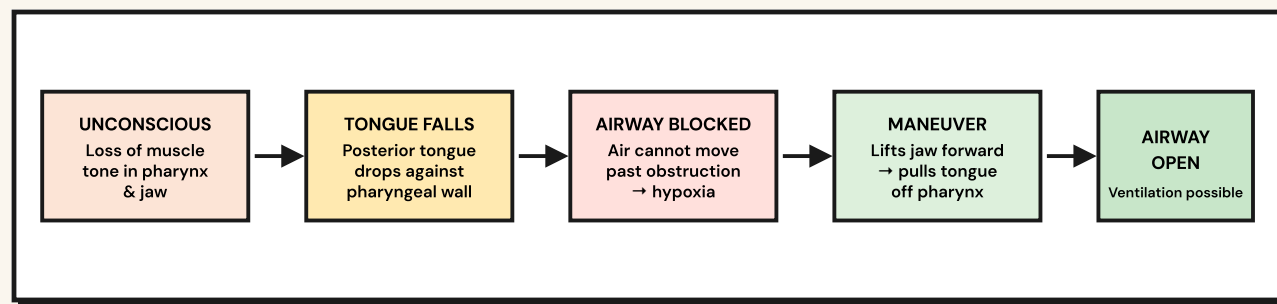
Manual airway maneuvers used to **open the airway in an unresponsive patient** when the tongue has fallen back against the posterior pharynx (the #1 cause of airway obstruction in an unconscious person).

- ▶ **Head Tilt–Chin Lift:** The standard maneuver for any unresponsive patient *without* suspected cervical spine injury. Lay rescuers use this for ALL victims.
- ▶ **Jaw Thrust:** The preferred maneuver for any unresponsive patient *with* suspected cervical/spinal injury — opens the airway without moving the neck. Used by trained healthcare providers.
- ▶ **Why it matters:** Choosing wrong can cause permanent paralysis (moving an unstable C–spine) OR death (failure to open a blocked airway). This is a high–frequency NGN priority–decision item.

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PATHOPHYSIOLOGY

Why The Tongue Is The Enemy

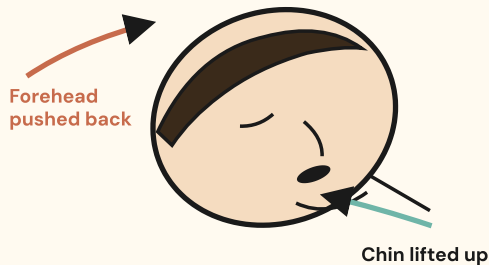


Core concept: In an unconscious patient, the tongue is anchored to the mandible. When the jaw relaxes posteriorly, the tongue rides backward and seals off the oropharynx. **Both maneuvers work by displacing the mandible forward** — they just take different paths to get there. Head tilt–chin lift moves the head *and* jaw; jaw thrust moves *only* the jaw.

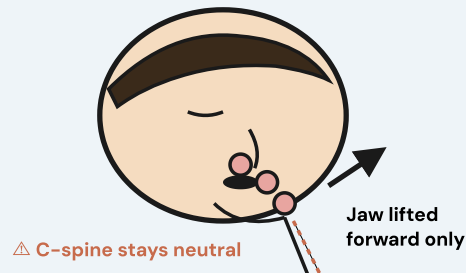
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COMPARISON AT A GLANCE

Side-by-Side Breakdown



Head Tilt-Chin Lift



Jaw Thrust

★ STANDARD MANEUVER

Head Tilt-Chin Lift

USE WHEN NO suspected cervical/spinal injury. Medical cause of unresponsiveness (cardiac arrest, overdose, stroke, sudden collapse).

PERFORMED BY Lay rescuers AND healthcare providers.

TECHNIQUE 1 hand on forehead (firm backward pressure) + fingers of other hand under bony chin → lift chin upward.

AVOID Pressing on soft tissue under chin (can obstruct airway). Closing the mouth completely.

EFFECT Hyperextends neck → tongue pulled forward off pharynx.

★ TRAUMA MANEUVER

Jaw Thrust

USE WHEN SUSPECTED cervical/spinal injury. Trauma — MVA, fall >3 ft, diving, sports, gunshot, blunt head injury, hanging.

PERFORMED BY Trained healthcare providers (HCPs) only. AHA does not teach to lay rescuers.

TECHNIQUE Position at TOP of patient's head. Place fingers behind angles of mandible → lift jaw forward/upward. Thumbs may open mouth.

AVOID ANY head tilt or neck rotation. Pushing on soft tissue.

EFFECT Displaces mandible forward WITHOUT moving cervical spine.



INDICATIONS & CONTRAINDICATIONS

When To Reach For Each

✓ Head Tilt–Chin Lift IS APPROPRIATE

- ✓ Witnessed cardiac arrest at home or in public
- ✓ Found unresponsive in bed (medical cause likely)
- ✓ Drug overdose / opioid overdose
- ✓ Stroke patient who has lost consciousness
- ✓ Drowning **WITHOUT** evidence of diving injury
- ✓ Hypoglycemic collapse
- ✓ Syncope with no fall history
- ✓ Any non-trauma BLS scenario

✗ Head Tilt–Chin Lift is NOT SAFE — Use Jaw Thrust

- ✗ Motor vehicle collision (MVC/MVA)
- ✗ Fall from height (>3 ft / 1 m)
- ✗ Diving injury / found at bottom of pool
- ✗ Sports injury — football, skiing, equestrian
- ✗ Gunshot wound to head, neck, or torso
- ✗ Blunt head trauma / assault
- ✗ Hanging or strangulation
- ✗ Any UNWITNESSED collapse where trauma cannot be ruled out

🚑 RED FLAG OVERRIDE RULE 🚑

If you cannot open the airway with a jaw thrust — airway takes priority over spine. AHA guidelines authorize switching to head tilt–chin lift because a paralyzed patient who's alive is better than a perfectly aligned C–spine on a corpse. Document the rationale.

5

PRIORITY NURSING INTERVENTIONS

ABC-Framed Actions

A

AIRWAY

- **Assess** responsiveness — tap and shout
- **Choose** maneuver based on trauma status
- **Open** airway using correct technique
- **Inspect** for visible obstruction (vomit, blood, dentures)
- **Suction** if secretions present

B

BREATHING

- **Look-listen-feel** for ≤ 10 seconds
- **Deliver** rescue breaths if apneic (1 breath every 6 sec $\rightarrow$ adult)
- **Watch** for chest rise — if none, reposition airway
- **Insert** oropharyngeal (OPA) or nasopharyngeal (NPA) airway as adjunct

C

CIRCULATION & C-SPINE

- **Check** carotid pulse ≤ 10 seconds
- **Begin** CPR if no pulse (30:2)
- **Maintain** manual cervical stabilization in all trauma
- **Apply** rigid C-collar once help arrives

NCLEX Priority Sequence for an Unresponsive Trauma Patient

- 1 **Scene safety** — protect yourself first.
- 2 **Assess responsiveness** while manually stabilizing the head and neck in neutral alignment.
- 3 **Activate emergency response** (call code / 911).
- 4 **Open airway with JAW THRUST** — never tilt the head in suspected C-spine injury.
- 5 **Assess breathing** for ≤ 10 seconds; deliver rescue breaths if apneic.
- 6 **Check pulse**; initiate CPR if absent.
- 7 **Insert airway adjunct** (OPA if no gag reflex; NPA if gag intact and no facial trauma).
- 8 **Apply rigid cervical collar** as soon as a second rescuer is available — manual stabilization continues until the collar is secured.

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AIRWAY ADJUNCTS (PHARM / EQUIPMENT)

What Comes After The Maneuver

Manual maneuvers are temporary. Once the airway is open, an adjunct holds it open so rescuers can free their hands and ventilate effectively.

ADJUNCT	MECHANISM	KEY CONSIDERATIONS	CONTRAINDICATIONS / CAUTIONS
Oropharyngeal Airway (OPA / Guedel)	Curved plastic device sits over tongue and holds it forward.	Size from corner of mouth to angle of jaw. Insert upside-down, rotate 180° in adults (insert right-side-up with tongue depressor in children).	Only in patients without a gag reflex. Will trigger vomiting/laryngospasm if gag intact.
Nasopharyngeal Airway (NPA / Trumpet)	Soft rubber tube passes through nare to posterior pharynx.	Size from nare tip to earlobe. Lubricate before insertion. Tolerated by semiconscious patients.	Contraindicated in facial/basilar skull fracture (raccoon eyes, Battle's sign, CSF rhinorrhea) — can enter cranium.
Bag-Valve-Mask (BVM)	Manual positive-pressure ventilation device.	Use E-C clamp technique. Squeeze every 6 sec (adult) or every 2–3 sec (child). Two-person technique is more effective.	Risk of gastric insufflation → vomiting → aspiration if ventilated too forcefully.
Endotracheal Tube (ETT) — definitive airway	Direct laryngoscopy passes tube through vocal cords into trachea.	Confirm placement: bilateral breath sounds, chest rise, end-tidal CO ₂ (capnography is gold standard), CXR. Secure and document depth at lip.	Misplacement in esophagus → no CO ₂ , no breath sounds → fatal if not caught. Right mainstem intubation → absent left breath sounds.

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NCLEX TEST TRAPS ⚠️

Wrong Answer vs. Right Answer

✗ WRONG THINKING

"Patient was pulled from a swimming pool — open airway with head tilt–chin lift."

✓ RIGHT ANSWER

Diving = possible C–spine injury. **Jaw thrust** until injury is ruled out by imaging.

✗ WRONG THINKING

"Patient is unresponsive after a fall down the stairs — apply C-collar first, then open airway."

✓ RIGHT ANSWER

Airway is always priority (A in ABC). Open with jaw thrust while manually stabilizing the neck. Collar applied as second rescuer assists.

✗ WRONG THINKING

"Jaw thrust didn't open the airway in a trauma patient — keep trying jaw thrust to protect the spine."

✓ RIGHT ANSWER

Switch to head tilt–chin lift. AHA: a patent airway takes priority over potential spinal injury. Document rationale.

✗ WRONG THINKING

"Patient is unresponsive from opioid overdose — use jaw thrust to be safe."

✓ RIGHT ANSWER

Medical (non-trauma) cause → **head tilt–chin lift.** Jaw thrust is harder to perform and not needed without trauma.

✗ WRONG THINKING

"Insert an OPA in any unresponsive patient to keep the airway open."

✓ RIGHT ANSWER

Only if no gag reflex. OPA in a gagging patient → vomiting → aspiration. Use NPA if gag is intact (and no facial fracture).

✗ WRONG THINKING

"Battle's sign and raccoon eyes — insert NPA to maintain airway."

✓ RIGHT ANSWER

These are signs of **basilar skull fracture** — **NPA is contraindicated** (can enter the cranium). Use jaw thrust + OPA if appropriate.

8

PATIENT & FAMILY EDUCATION

Teaching Bystanders & Families

For Lay Rescuers (CPR class teaching)

- Call 911 BEFORE starting any maneuver — get help on the way.
- Lay rescuers should use **head tilt–chin lift only**; AHA does not teach jaw thrust to lay public.
- If trauma is suspected, **do not move the patient's neck** — let EMS handle airway.
- Tongue blocks the airway in unconscious people — opening the airway is more important than fear of "doing it wrong."
- Start chest compressions immediately if no breathing or only gasping (agonal respirations).

For Families of High-Risk Patients

- Patients with seizure disorders, sleep apnea, or recurrent syncope → family should learn recovery position.
- Recovery position keeps airway open in unresponsive but breathing patients without trauma.
- Do not put anything in the mouth of a seizing patient — tongue rarely obstructs during active seizure.
- Identify a Medical Alert / ICE contact in case of unwitnessed collapse.
- Encourage family CPR/BLS certification through AHA Heartsaver course.

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MEMORY BOOSTERS

Mnemonics & Pattern Recognition

"Trauma = Thrust"

Both start with T. Any T-word in the stem (Trauma, Tumble, Tackle, Tossed) → reach for jaw **Thrust**.

"Tilt → Tongue Travels"

Tilt the head, the Tongue Travels forward. Mechanism reminder for head tilt–chin lift.

"NO TILT TIL CT"

Don't tilt the head until a CT clears the cervical spine. Useful for any ER trauma scenario.

"Airway > Alignment"

If you can't ventilate with jaw thrust, the spine loses priority. **A live patient with a hurt neck > a dead patient with a perfect neck.**

"OPA = No Gag"

Oral airway needs an obtunded patient. Gag reflex present? Use the soft **Nasal trumpet** (**N**ot if facial fracture).

"Top of the Head"

Jaw thrust is performed from the **top** of the patient's head — fingers behind the angle of the mandible, thumbs forward. Position alone helps distinguish the maneuver on visual questions.

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NCJMM CLINICAL JUDGMENT

Six-Step Scenario: The Diving Accident

CASE PRESENTATION

A 24-year-old male was found unresponsive at the bottom of a hotel swimming pool by the lifeguard, who immediately initiated rescue. Witnesses report seeing him dive from the side of the pool seconds before he disappeared underwater. He has been pulled to the deck. You are the first nurse on scene.

1

RECOGNIZE CUES

Unresponsive young adult. **Mechanism = diving** (high-risk for cervical spine injury). Pulled from water — wet, no spontaneous movement. No witnessed cardiac history. Bystanders watching. Lifeguard reports approximately 90 seconds submerged.

2

ANALYZE CUES

Diving = classic mechanism for C-spine fracture (axial loading on the cervical vertebrae). **Head tilt–chin lift is contraindicated** until C-spine cleared. Submersion + unresponsiveness raises concern for hypoxic injury; airway is the immediate priority. Tongue obstruction is highly likely in the unresponsive state.

3

PRIORITIZE HYPOTHESES

Highest priority: Airway obstruction with concurrent suspected cervical spine injury. Secondary concerns: drowning/aspiration, hypothermia from pool water, cardiac arrest. Airway opens with C-spine protection takes precedence over all other actions.

4

GENERATE SOLUTIONS

Maintain manual in-line cervical stabilization. Open airway with **jaw thrust** (NOT head tilt–chin lift). Assess breathing for ≤10 seconds. Activate emergency response system. Prepare for rescue breaths and possible CPR. Anticipate need for OPA, BVM, rigid C-collar, and rapid transport.

5

TAKE ACTION

Position at top of victim's head; place fingers behind angles of the mandible and lift jaw forward without tilting the head. Direct the lifeguard to maintain manual cervical stabilization. Look–listen–feel for breathing — patient is apneic. Deliver two rescue breaths via mouth–to–mask. Check carotid: pulse present. Continue rescue breathing 1 breath every 6 seconds. Direct another bystander to call 911 if not already done.

6

EVALUATE OUTCOMES

Desired outcomes: Airway patent without head movement; chest rises with each rescue breath; pulse remains present; spontaneous respirations return before EMS arrival; cervical alignment maintained throughout resuscitation. **Reassess every 2 minutes.** If jaw thrust fails to produce chest rise → switch to head tilt–chin lift (airway > spine). On EMS arrival: full spinal immobilization, transport to trauma center, anticipate CT cervical spine.

Diane's NGN NCLEX 2026 Visual Study Library

AIRWAY MANAGEMENT SERIES · RESPIRATORY CLUSTER · COMPILED FROM AHA 2020 BLS GUIDELINES, SAUNDERS, ATI, & LIPPINCOTT