

<b>KING AIRWAY</b>	
Name: _____ Date: _____ License # _____	
<p>The KING LTS-D or King LTD (King Airway) is an effective alternative to endotracheal intubation. The KING LTS-D also allows three additional benefits with the use of secondary lumen which is open at the distal tip of the tube: 1). Passage of gastric tube up to 18 French; 2). A channel for regurgitation, and; 3). A "vent" for gastric pressure and stomach decompression.</p> <p>A. <u>Assessment/Treatment Indicators:</u></p> <ol style="list-style-type: none"> <li>1. Inability to ventilate in a setting in which endotracheal intubation is not successful or the patient has a Cormack Lehan score is a 3 or 4.</li> <li>2. Inability to ventilate or oxygenate the patient using a BVM and BLS airway.</li> <li>3. Inability of patient to protect the airway (coma, decreased LOC without gag reflex).</li> <li>4. Cardiac arrest. Adhere to sequence as specified in EMS Policy No. 5710 <u>ALS Medical Cardiac Arrest as appropriate.</u></li> <li>5. Agonal or failing respirations, respiratory arrest.</li> </ol> <p>B. <u>Contraindications:</u></p> <ol style="list-style-type: none"> <li>1. Patient with GCS &gt; 3</li> <li>2. Patient has a gag reflex.</li> <li>3. Patient has a tracheostomy or stoma.</li> <li>4. Patient height less than 4 feet</li> </ol> <p>C. <u>Relative Contraindications:</u></p> <ol style="list-style-type: none"> <li>1. Ingestion of caustic substance.</li> <li>2. Known history of esophageal disease.</li> <li>3. Inhalation Burns.</li> </ol>	
<p><u>Equipment:</u></p> <ol style="list-style-type: none"> <li>1. King Airway Kit (Size 3, 4, or 5)</li> <li>2. Battery powered suction unit</li> <li>3. Appropriate size suction catheter</li> <li>4. Yankauer Tonsil Tip suction catheter</li> </ol>	<ol style="list-style-type: none"> <li>5. Disposable bag valve device – BVM</li> <li>6. End tidal CO2 device</li> <li>7. Stethoscope</li> </ol>

<b>Performance Criteria</b>	<b>Pass</b>	<b>Fail</b>
1. Uses universal precautions.		
2. Assures an adequate BLS airway.		
3. States: Indications and contraindications.		
4. States: Placement should be completed within 30 seconds.		
5. Ensures suction is available and working.		

Effective: October 16, 2013  
Supersedes: October 1, 2012

Approved: Signature on File  
Medical Director

Signature on File  
EMS Administrator

Performance Criteria		Pass	Fail
6.	Preoxygenates with BVM for a minimum of (15) fifteen seconds with supplemental oxygen when conditions permit (unless transitioning to an advanced airway per EMS Agency Policy No. 5710 <u>ALS Medical Cardiac Arrest</u> ).		
7.	States appropriate size tube based on height. a. Size 3 – 4 and 5 feet tall b. Size 4 – 5 and 6 feet tall c. Size 5 – Over 6 feet tall		
8.	Prepares King Airway a. Tests cuffs for leaks b. Lubricates device with water-soluble lubricant to the beveled distal tip and posterior aspect of tube, taking care to avoid introduction of lubricant in or near ventilatory openings.		
9.	States: Will have a spare King Airway available for immediate use.		
10.	Positions the head. The ideal head position for insertion is the “sniffing position.” A neutral position can also be used (e.g. spinal injury concerns).		
11.	Grasps the patient's tongue and jaw with gloved hand and pulls forward. A laryngoscope may be used. With the King Airway rotated laterally at 45-90 degrees such that the blue orientation line is touching the corner of the mouth, introduces tip into mouth and advances it behind base of tongue. <b>Never force the tube into position.</b>		
12.	As the tube tip passes under tongue, rotates tube back to midline (blue orientation stripe faces chin).		
13.	Without exerting excessive force, advances tube until base of connector aligns with teeth or gums.		
14.	Inflates cuff to required volume. States: Required cuff pressure based on tube size. <b>Note:</b> Do not exceed maximum recommended pressure.		
15.	Connects the King Airway to a BVM and ventilates the patient. While ventilating the patient, gently withdraws the tube until ventilation becomes easy and free flowing (large tidal volume with minimal airway pressure). Adjusts cuff inflation if necessary to obtain a seal of the airway at the peak ventilatory pressure employed.		
16.	Confirms proper position by auscultation, chest movement, and verification of CO2 by capnography. Do not use esophageal detector device with esophageal airway. The method of confirmation must be documented.		
17.	Secures the tube. Notes depth marking on tube.		

<b>Performance Criteria</b>		<b>Pass</b>	<b>Fail</b>
18.	If placement is unsuccessful, removes tube, ventilate with BVM and repeats sequence of steps. If unsuccessful on second attempt, BLS airway management shall be resumed.		
19.	Continues to monitor the patient for proper tube placement throughout prehospital treatment and transport. Capnography should be done in all cases.		
20.	Provides ventilations at 8 - 10 /minute. Does not hyperventilate		
21.	States: Document King Airway placement on PCR.		
<b>TIP</b>	The key to insertion is to get the distal tip of the airway around the corner in the posterior pharynx, under the base of the tongue. It is important that the tip of the device is maintained at the midline. If the tip is placed or deflected laterally, it may enter the piriform fossa and cause the tube to appear to "bounce back" upon full insertion and release.		

Effective: October 16, 2013  
Supersedes: October 1, 2012

Page 3 of 3

Approved: Signature on File  
Medical Director

Signature on File  
EMS Administrator