

## KING AIRWAYS

### ASSESSMENT:

- ✓ Airway status
- ✓ Ventilation
- ✓ Oxygenation
- ✓ Level of consciousness

### INDICATIONS:

- ✓ Ensure airway patency
- ✓ Facilitate pulmonary hygiene
- ✓ Prevent aspiration
- ✓ Actively ventilate and oxygenate
- ✓ **Endotracheal intubation** cannot be performed
- ✓ Three unsuccessful attempts at endotracheal intubation. The number of attempts at endotracheal intubation should be a total of 2 for a single provider or 3, if 2 EMS providers attempt intubation

### CONTRAINDICATIONS:

- ✓ Responsive patients with an intact gag reflex
- ✓ Patients with known esophageal disease
- ✓ Patients who have ingested caustic substances

### PROCEDURE:

1. Perform ABCs assessment.
2. Obtain EKG for defibrillation protocol, if available.
3. Begin CPR using BLS procedures.
4. As soon as practical, place a King Airway LTS-D device.
5. Do not delay patient care, primary BLS procedures, or transport to place device.

- If unsuccessful after 2 King Airway LTS-D device insertion attempts, return to conventional methods of airway care (i.e. bag-valve-mask, suction, oropharyngeal airway).

**INSERTION PROCEDURE:**

- Choose the correct size King airway (see table 2.3: King airway sizes):

**Table 2.3: King Airway Sizes**

<b>LT-D Size 2 (Green)</b>	<b>35-45 inches in height</b>	<b>Inflation: 25-35 ml</b>
<b>LT-D Size 2.5 (Orange)</b>	<b>41-51 inches in height</b>	<b>Inflation: 30-40 ml</b>
<b>LT-D Size 3 (Yellow)</b>	<b>4-5 feet in height</b>	<b>Inflation: 40-55 ml</b>
<b>LT-D Size 4 (Red)</b>	<b>5-6 feet in height</b>	<b>Inflation: 50-70 ml</b>
<b>LT-D Size 5 (Purple)</b>	<b>&gt; 6 feet in height</b>	<b>Inflation: 60-80 ml</b>

- Test cuff inflation system, remove air from cuff prior to insertion.
- Apply water-based lubricant to the beveled distal tip and posterior aspect of the tube.
- Hold the King LTS-D at the connector with dominant hand. With non-dominant hand, open mouth and apply chin lift, unless contraindicated by C-spine precaution or patient position. Using lateral approach, insert tip into corner of the patient's mouth.
- Advance the tip behind the base of tongue, while rotating tube back to midline so that blue orientation line faces the chin of the patient.
- Without exerting excessive force, advance tube until base of connector is aligned with teeth or gums.
- Inflate cuff with appropriate volume of air as indicated by the color code on the syringe.
- Begin ventilation with 100% oxygen, while bagging patient to assess ventilation, withdraw the LTS-D until ventilation is easy and free flowing.

9. If necessary, add additional volume to cuffs to maximize seal of airway.
10. Confirm proper placement by auscultation, chest movement, oxygen saturation, and verification of CO<sub>2</sub>.
11. All patients with an inserted King Airway LTS-D device should have their head and neck immobilized including the use of a cervical collar.
12. Document items substantiating proper airway placement as well as the method/device used to stabilize the King Airway LTS-D device.
13. Reassess the position of the King Airway LTS-D device subsequent to each significant movement of the patient.
14. Place an NG tube in the gastric port for LTS-D, sizes 3-5. All of these devices will accept an 18 French NG tube.

**DOCUMENTATION:**

- ✓ Documentation of use must be provided on a medical incident report
- ✓ Case by case review must be provided by physician advisor or Medical Program Director

**ADDITIONAL NOTES:**

- ✓ Placement of the device should never delay CPR or other necessary patient care
- ✓ These are single use devices. They should not be reused or recycled.
- ✓ The device is only for use by BLS/ALS endorsed personnel
- ✓ Before releasing the patient to another level of care (i.e. paramedic, physician), the person who inserted the device must ensure that the receiving provider is knowledgeable about the proper use and function of the device
- ✓ The King LTS-D Airway is a short-term device. It may be left in place for a maximum of 2 hours, unless otherwise instructed by the receiving physician