

Spokane County EMS King Airway Insertion Evaluation

Student/Provider being evaluated _____

Date _____

KING LT(S)-D INSERTION INSTRUCTIONS	Poss Pts	Pts Awarded
1. Using the information provided, choose the correct KING LT(S)-D size, based on patient height.		
2. Test cuff inflation system by injecting the maximum recommended volume of air into the cuffs (refer to Sizing Information chart). Remove all air from cuffs prior to insertion.		
3. Apply a water-based lubricant to the beveled distal tip and posterior aspect of the tube, taking care to avoid introduction of lubricant in or near the ventilatory openings.		
4. Have a spare KING LT(S)-D ready and prepared for immediate use.		
5. Pre-oxygenate.		
6. For EMS/Non-Operating Room Applications: Ensure gag reflex is not intact.		
7. Position the head. The ideal head position for insertion of the KING LT(S)-D is the "sniffing position". However, the angle and shortness of the tube also allows it to be inserted with the head in a neutral position.		
8. Hold the KING LT(S)-D at the connector with dominant hand. With nondominant hand, hold mouth open and apply chin lift unless contraindicated by C-spine precautions or patient position.		
9. With the KING LT(S)-D rotated laterally 45-90° such that the blue orientation line is touching the corner of the mouth, introduce tip into mouth and advance behind base of tongue. Never force the tube into position.		
10. As tube tip passes under tongue, rotate tube back to midline (blue orientation line faces chin)		
11. Without exerting excessive force advance KING LT(S)-D until base of connector aligns with teeth or gums.		
12. For EMS/Non-Operating Room applications: Fully inflate cuffs using the maximum volume of the syringe included in the EMS kit. SEE ADDITIONAL INFORMATION IN THE INSTRUCTIONS FOR USE HANDOUT.		
13. Attach the bag valve mask to the 15 mm connector of the KING LT(S)-D. While gently bagging the patient to assess ventilation, simultaneously withdraw the airway until ventilation is easy and free flowing (large tidal volume with minimal airway pressure)		
14. Depth markings are provided at the proximal end of the KING LT(S)-D which refer to the distance from the distal ventilatory openings. When properly placed with the distal tip and cuff in the upper esophagus and the ventilatory openings aligned with the opening to the larynx, the depth markings give an indication of the distance, in cm, to the vocal cords.		
15. Confirm proper position by auscultation, chest movement and verification of CO2 by capnography.		

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16. Readjust cuff inflation to 60 cm H ₂ O (or to just seal volume).		
17. Secure KING LT(S)-D to patient using tape or other accepted means. A bite block can also be used, if desired. DO NOT COVER THE PROXIMAL OPENING OF THE GASTRIC ACCESS LUMEN OF THE KING LTS-D.		
18. <u>KING LTS-D Only</u> : The gastric access lumen allows the insertion of up to a 18 Fr diameter gastric tube into the esophagus and stomach. Lubricate gastric tube prior to insertion.		
Points	18	
REMOVAL OF THE KING LT(S)-D		
1. Once it is in the correct position, the KING LT(S)-D is well tolerated until the return of protective reflexes		
2. KING LT(S)-D removal should always be carried out in an area where suction equipment and the ability for rapid intubations are present.		
3. For KING LT(S)-D removal, it is important that both cuffs are completely deflated.		
Points	3	

Comments:

Performance: (circle outcome of review)	PASS	FAIL
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Evaluator signature	Date
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Notes:
See the King LT(S)-D Airway Instructions for use for additional information