



CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD CLINICAL REVIEW AND TRAINING

King Vision Equipment Policy

Indications: First or second line intubation attempts

Contraindications: 2 attempts or looks (placement of laryngoscope into mouth) already made to manage the airway with direct or video laryngoscopy without moving on to rescue techniques (Cricothyroidotomy or supraglottic airways).

- See TJEMS airway algorithm

Training Videos

- <https://youtu.be/PwyLM-d-kP4> (video on King vision use)
- https://www.youtube.com/playlist?list=PLvrF_USb-AXR2ftaSjSTv1ZfQ7w-C2Lyz (series of safe intubation videos)

Release process

- Complete King Vision Quiz
 - <https://docs.google.com/forms/d/1gWTgBO0rJAOZw2v8AYkifMJztrkdd3wf3HpBZPwn62A/edit>
- Complete King Vision check off with approved preceptor
 - https://docs.google.com/forms/d/1X_XenS7tEv0s4Q88EHj1_gjzYUfJAfh0KRjbr6Nz8-8/edit
- Note that completing this training will only allow you to use the King Vision, a successful field intubation with either direct or video laryngoscopy is still required for release
 - If you were previously released with direct laryngoscopy intubation privileges you can intubate with the King Vision after completing the training

Carrying case inventory

- 2 King vision disposable channeled blades
- 1 King vision video display (not disposable)
- Replacement batteries for display

Procedure:

Skill Level: I/P

1. Preparing device
 - a. Select channeled blade and install it into the display (with the display turned **off** prior to insertion) until there is a “click” to signify a good connection.
 - b. Lubricate and ETT and place it in blade with adequate lubrication.
 - i. Make sure the ETT does not extend beyond the channel before placement, this will keep it from following the channel properly and may obscure view.
 - ii. A stylet or bougie is NOT recommended with the channeled blade
 - c. Turn on laryngoscope using power button on back of screen and confirm that display shows a moving image
 - i. If power light is flashing red, then batteries should be changed soon
 1. Extra batteries are in the kit with the device
2. Insertion of device
 - a. Open patient’s mouth and properly position airway manually
 - i. Head-tilt chin-lift or jaw thrust (trauma)
 - ii. Padding behind shoulders of adults to get ear aligned with sternal notch
 - b. Suction as needed prior to insertion
 - c. Insert blade midline and keep the vocal cords in the center of the screen
 - i. Avoid putting pressure on teeth
 - d. Guide blade into vallecula (recommended) or use it to lift the epiglottis
 - e. Suction as needed while advancing

