



CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD

Clinical Review and Training

King LT(S)-D™ Airway Guideline

Indication

Skill Level: B, E, I, P

The King airway is an airway device designed for emergency or difficult intubation in the apneic or unresponsive patient without a gag reflex.

Contraindications

- Intact gag reflex
- Esophageal disease
- Caustic substance ingestion

WARNING

This airway may not prevent regurgitation or aspiration of stomach contents. Airway cannot be used with infants and toddlers.

Preparation

1. Auscultate lung sounds and assess for chest rise and fall.

Procedure (Insertion)

1. Prepare, position, and oxygenate patient with 100% oxygen.
2. Choose King size per manufacturer's recommendations.
3. Check the cuffs for proper inflation and deflation.
4. Apply a water-based lubricant to the beveled tip and posterior aspect of the tube. Avoid placing lubricant in or near the ventilation opening.
5. Position the head into "sniffing position" unless contraindicated by c-spine precautions or patient position.
6. Hold the King LT-D airway at the connector with dominant hand. With non-dominant hand, hold mouth open and apply chin lift.
7. With the King LT-D airway rotated laterally 45°-90° such that the orientation line is touching the corner of the mouth, introduce tip into mouth and advance behind the base of the tongue.
8. Without excessive force, advance tube until base of connector aligns with teeth or gums.
9. Inflate the cuff per the manufacturer's recommendations until a seal is obtained.

a. Size 2	Green	25-35 mL	ages 2-8
b. Size 2.5	Orange	30-40 mL	ages 6-14
c. Size 3	Yellow	45-60 mL	4-5 ft
d. Size 4	Red	60-80 mL	5-6 ft
e. Size 5	Purple	70-90 mL	> 6 ft
10. Connect the LT-D to an Ambu bag, ventilate, and slowly withdraw tube until ventilation becomes easy and free flowing (normal tidal volume with minimal airway pressure). Note depth at teeth.
11. Assess breath sounds and look for chest rise and fall.
12. **Apply colorimeter or end-tidal carbon dioxide monitor and pulse oximetry.**
13. If necessary adjust cuff inflation pressure to maintain seal.
14. Ventilate the patient with the BVM supplied with 100% oxygen.
 - a. **During CPR:** Deliver 8 to 10 breaths per minute. Deliver each breath over about 1 second while chest compressions are delivered at a rate of 100 per minute. Do not attempt to synchronize the compressions with ventilations.



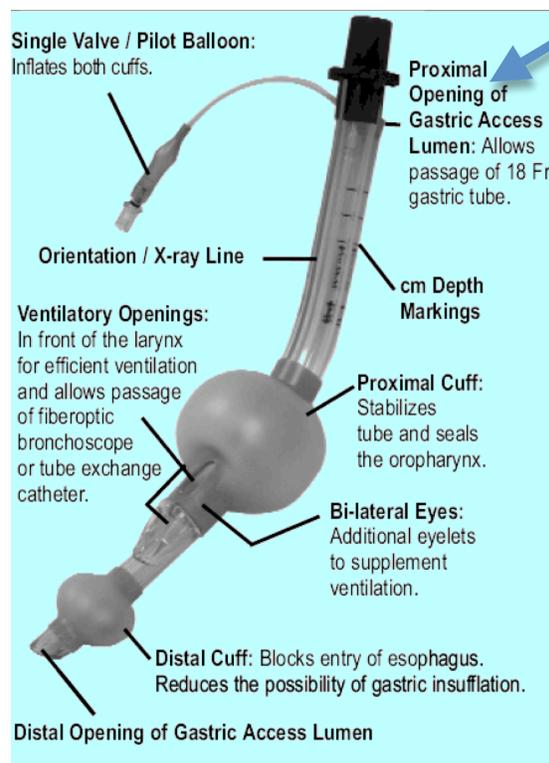
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- b. **Patients with a perfusing rhythm:** Deliver approximately 10-12 breaths per minute (1 breath every 5-6 seconds). Deliver each breath over 1 second.
15. Secure the tube with a commercial device while providing ventilations.
16. Document procedure on PPCR and complete and submit CARS Airway Form for QA review.

Procedure (Removal)

1. Once it is in the correct position, the King airway is well tolerated until the return of protective reflexes.
2. Ensure suctioning equipment is ready.
3. Deflate both cuffs completely. Turn the patient onto side.
4. Remove the King airway carefully, suctioning as needed.
5. Insert an oropharyngeal or nasopharyngeal airway as needed.
6. Continue ventilations with a BVM and oxygen at 10- 15 LPM as needed.



LT-D model does not have this lumen.