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-AXR2ftaSiSTv1ZlQ7w-C2Lyz (series of safe intubation videos)

Release process

- Complete King Vision Quiz
  - https://docs.google.com/forms/d/1gWTgBO0rJAOZw2v8AYkfMjztrkkd3w3HpBZPwn62A/edit
- Complete King Vision check off with approved preceptor
  - https://docs.google.com/forms/d/1X_XenS7tEv0s4Q8EHj1_gjzYUfJAh0KJbr6Nz8-8/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

2. Insertion of device
   a. Open patient’s mouth and properly position airway manually
      i. Head-tilt chin-lift or jaw thrust (trauma)
   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
King Vision Equipment Policy

i. If screen becomes blocked with secretions then pull blade out and clear lens with saline
f. Advance ETT slowly through cords
   i. It may be necessary to make small adjustments to get tube to pass through the cords
   ii. If blade is too close to advance ETT through cords then either move the blade into the vallecular or withdraw the blade slightly and lift anteriorly
   iii. If you make an attempt to pass the ETT through the cords without success, then make sure to pull the ETT back into the channel so it will be properly directed in the direction you are looking on the next attempt

3. Removal of device
   a. Hold the ETT laterally and rotate the laryngoscope towards their chest
      i. As the blade exits the mouth the ETT should easily separate from the blade

4. Decon and disposal
   a. In general, the reusable display should not be in direct contact with the patient and should not require invasive cleaning
   b. Remove the display from the blade and **discard the blade only**
      i. Replacement blades are in the stock room
      ii. DO NOT SUBMERGE THE SCREEN IN DECONTAMINATING SOLUTION
      iii. Decontaminate the outer surfaces of the display with a mild soap or disinfecting solution
      iv. Avoid getting liquid into the battery compartment or other small crevices
      v. Store back in protective case
      vi. If significantly soiled then contact Jim Miller or Training Officer rather than potentially damaging device.