Southern Illinois Regional EMS System

II-40 KING LTSD AIRWAY

Indications:

- Cardiac arrest from any cause, including traumatic.
- Secondary airway option when endotracheal intubation in not possible/available.
- When the patient exhibits signs and symptoms of a difficult intubation.

Contraindications:

- Patient is less than four (4) feet in height.
- Active gag reflex.
- Patient has known or suspected esophageal disease.
- Patient has ingested a caustic substance.
- Tracheostomy (will be ineffective with esophageal placement)

Prepare Equipment:

- Take appropriate body substance isolation precautions.
- Prepare the airway:
    - Determine integrity of cuffs by injecting appropriate amounts of air by syringe.
    - Fully remove the air from the cuffs after testing.
- Lubricate distal end and posterior surface as necessary.
- Ensure all necessary components and accessories are at hand.

Prepare the Patient:

- Confirm original assessment findings of a need for the airway.
- Inspect upper airway for visual obstruction and remove if present.
- Pre-oxygenate/ventilate the patient for at least 30 seconds.
- Position the patient's head in a neutral position.
- The EMS Provider should be positioned on the top side of the patient's head.

Placing the King LTSD Airway:

- Any attempt to place the King Airway should not take more than 30 seconds.
- Stop ventilations and remove oropharyngeal airway to allow placement.
- Chest compressions should continue during the placement.
- Hold the King airway at the connector with the dominant hand.
- Perform a tongue-jaw lift, using the non-dominant hand.
- Insert the King airway rotated laterally 45º - 90º so the blue orientation line is touching the corner of the mouth.
    - Introduce distal tip into mouth and advance behind the base of the tongue.
    - Do Not Force the King airway into position.
        - You can use a 4x4 gauze to manually retract the tongue.
- As the King airway passes over the tongue, rotate back to midline (blue orientation line will face the chin)
- Without exerting excessive force, advance the King airway until the proximal opening of the gastric access lumen is aligned with the teeth/gums.
    - Advance until clear tube is no longer visible outside the mouth and color adaptor is aligned with the teeth/gums.

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- Inflate the cuffs with the minimum volume of air necessary to seal the airway.
  - o Do not over inflate, may put pressure on vascular structures of the neck.
  - o Keep pressure on the syringe until it is removed from the valve.

King Airway Size	Patient Height	Connector Color	Inflation Volume
3	4-5 feet	Yellow	45-60 mL
4	5-6 feet	Red	60-80 mL
5	Greater than 6 feet	Purple	70-90 mL

Ventilating the Patient with the King LTSD Airway:

- Attach the BVM and ventilate while assessing ventilations and lung sounds.
- Simultaneously withdraw the King Airway slowly until ventilations are easy/free flowing and lung sounds are heard.

Confirming Placement of the King LTSD Airway:

- Confirm proper King Airway placement with the following techniques:
  - o Confirm presence of breath sounds over midaxillary lines and anterior chest.
  - o Visualize rise and fall of the chest.
  - o Colormetric $ETCO_2$ device
    - At least 6 ventilations must be delivered for accurate reading.
  - o $ETCO_2$ capnography

Securing the King LTSD Airway:

- Secure with tape of a commercial tube holder.
- Do not cover the proximal opening of the gastric access lumen.

Removal of the King LTSD Airway:

- If the gag reflex returns:
  - o Have all airway equipment readily available, including intubation and suction.
  - o Completely deflate both cuffs.
  - o Carefully remove the King Airway following the natural anatomic curvature.