

KING AIRWAY

Indications

For use in unconscious patients with absent gag reflex who require assisted ventilation when Endotracheal intubation can not be accomplished. Can be used as a primary airway adjunct based on paramedic assessment of the patient's airway.

Contraindications:

- Responsive patients with a gag reflex
- Patients who are under 4 feet tall
- Patients in whom esophageal disease is suspected
- Patients in whom caustic substance ingestion is suspected.

Equipment

King LTS-D Airway (3 sizes 3, 4, 5)

Use appropriate size for patient based on table criteria below

King Airway size	Patient Criteria	Connector Color	Inflation Volumes
3	4-5 FEET TALL	YELLOW	40-55 mls
4	5-6 FEET TALL	RED	50-70 mls.
5	GREATER THAN 6 FEET	PURPLE	60-80 mls.

Procedure

- A. Test cuff inflation system by injecting the maximum inflation volume listed in table above for the size of the tube.
- B. Deflate cuffs completely before insertion, leaving syringe attached to connector.
- C. Lubricate the beveled distal tip and posterior aspect of the tube avoiding introduction of lubricant in or near the ventilatory openings ,
- D. Oxygenate the patient with 100% O₂
- E. Position the patient's head (**ideal position is the sniffing position but the neutral position can be used**).
- F. Holding the King at the connector, hold the patient's mouth open and apply chin lift unless contraindicated due to trauma and/or Spinal immobilization,
- G. With the King rotated laterally 45-90 degrees, such that the blue orientation line is touching the corner of the mouth, introduce tip into the mouth and advance behind the base of the tongue, **Never force the tube into position**,
- H. As the tip passes under tongue rotate tube back to midline (blue orientation line faces chin).
- I. Without exerting excessive force, advance the King until base of connector aligns with teeth or gums.
- J. Inflate the cuffs based on the listed volumes for the tube size used.
- K. Attach bag, valve device and verify placement by **ALL** of the following criteria:
 - Rise and fall of chest
 - Bilateral breath sounds
 - Absent epigastric sounds
 - CO₂ measurement (capnography)

- L. If there is any question about the proper placement of the King Airway, deflate the cuffs and remove the airway, ventilate the patient with BVM for 30 seconds and repeat insertion procedure,
- M. Continue to monitor the patient for proper airway placement throughout prehospital treatment and transport.

Documentation:

- Document time of placement of airway
- Document evaluation of success of placement
- Document maintenance checks of placement

