

APPENDIX: D-1

TITLE: KING AIRWAY PROCEDURES

REVISED: February 9, 2010

- **Procedure:**
 - 1) Place patient in supine position.
 - 2) Pre-oxygenate patient via BVM to attain SpO₂ of > 90%.
 - 3) Choose the correct KING LTS-D size, based on patient's height:
 - a) **Size 3** = 4-5 feet in height
 - b) **Size 4** = 5-6 feet in height
 - c) **Size 5** = greater than 6 ft in height
 - 4) Test cuff inflation system.
 - a) 60-90 ml air based on device size
 - b) If no leaks are detected, deflate the cuffs being certain to remove all air
 - 5) Apply a water based lubricant to the beveled distal tip
 - 6) Position the head; ideal position is the sniffing or neutral head angle
 - 7) Hold the KING LTS-D at the connector with dominant hand, hold the mouth open and apply the jaw lift technique
 - 8) Rotate the KING LTS-D laterally 45-90° (clockwise) such that the blue orientation line is touching the corner of the mouth and then introduce the tip into the mouth and advance behind the tongue, **never force the tube**
 - 9) As the tube passes under the tongue, rotate tube 45-90° (counter-clockwise) back to midline such that the blue orientation line will now be facing the chin
 - 10) Advance the KING LTS-D until the proximal opening of the gastric access lumen is aligned with the teeth or gums
 - 11) Inflate the KING LTS-D cuffs with minimum volume
 - a) **Size 3:** 45-60 ml
 - b) **Size 4:** 60-80 ml
 - c) **Size 5:** 70-90 ml
 - 12) Attach the BVM and assess for proof of placement
 - a) Use as many as possible of the following confirmation techniques:
 1. Quantitative end tidal CO₂ (EtCO₂)
 - a. Maintain at 35-45 mmHg
 2. Auscultation of gastric region and bilateral chest.
 3. Equal chest rise with assisted ventilations.
 4. Recovery/maintenance of SpO₂
 - 13) Record depth markings
 - 14) Secure
 - 15) Place c-collar

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