

EL DORADO COUNTY EMS AGENCY

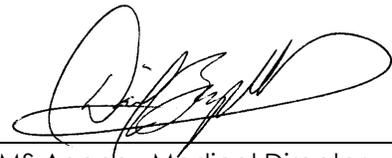
FIELD PROCEDURES

Effective: July 1, 2011

Reviewed: July 1, 2016

Revised: July 12, 2012

Scope: ALS/Optional Scope BLS – Adult/Pediatric



EMS Agency Medical Director

KING AIRWAY DEVICE

PURPOSE:

To provide an alternative airway when orotracheal or nasotracheal intubation cannot be performed or is not available on a patient in need of advanced airway management.

INDICATIONS:

- An unconscious patient with no purposeful response
- Absent gag reflex
- Apnea or shallow ineffective respirations

COMPLICATIONS:

- Inadvertent tracheal intubation
- Emesis can be induced in patients further compromising the airway (KING LT/LTS-D Airways do not provide protection from aspiration)
- Laryngeal trauma
- Hypoxia during prolonged intubation attempts
- Cervical cord damage in patients with unsuspected cervical-spine injury
- Ventricular arrhythmias in hypothermic patients
- Induction of pneumothorax (forceful bagging, traumatic insertion, etc.)

CONTRAINDICATIONS:

- Gag reflex present
- Obvious signs of death
- Ingestion of caustic substance
- Airway obstruction by a foreign body
- Traumatic disruption of the airway (crushed trachea, etc.)
- Known esophageal disease (cancer, varices, surgery, etc.)
- Laryngectomy patient with a stoma
- Valid DNR documentation is present
- Suspected narcotic overdose, with ALS < ten minutes away (BLS personnel)
- Patients smaller than 35 inches or 12 kg

PRECAUTIONS:

- Spinal injury (maintain in-line stabilization in suspected spine injury patients)
- Tube dislodgement (recheck tube placement whenever patient is moved. Use a cervical-collar to help ensure consistent tube position)
- Aspiration (always have suction ready)

EQUIPMENT:

- KING LT/LTS-D Airways in sizes 2, 2.5, 3, 4, and 5
- Water based lubricant
- 60 cc or 90 cc syringe (If a 60 cc syringe is used, multiple fillings may be required)
- BVM
- Laryngoscope (optional use by ALS personnel)

PROCEDURE:

1. Patients should be pre-oxygenated with 100% O₂. BLS airway and ventilation procedures should be instituted.
2. Select proper tube based on patient's size:
 - Size 2 – Patient between 35-45 inches or 12-25 kg (Green)

- Size 2.5 – Patient between 41-51 inches or 25-35 kg (Orange)
 - Size 3 – Patient between 4 and 5 feet tall (Yellow)
 - Size 4 – Patient between 5 and 6 feet tall (Red)
 - Size 5 – Patient over 6 feet tall (Purple)
3. Assemble equipment while continuing BLS airway/ventilation procedures:
 - a. Check tube cuffs for patency.
 - b. Lubricate beveled distal tip and posterior aspect of the tube with a water soluble lubricant. Take care not to introduce lubricant in ventilation openings of the tube.
 - c. Connect and check suction.
 4. Position patient's head in sniffing (preferred) or neutral position. For obese patients consider elevating the patient's back and shoulders.
 5. Hold the KING LT/LTS-D with the dominant hand at the proximal end (connector) such that insertion will be accomplished in a single, continuous motion.
 6. Use a lateral (45-90°) approach with chin lift. A laryngoscope may be used to lift tongue.
 7. Insert the KING LT/LTS-D and rotate back to midline as the tip reaches the posterior wall of the pharynx. Keep inserting until the base of the connector is aligned with teeth or gums.
 8. Inflate the cuffs until firm and make certain there is no "bouncing out" of the KING LT after release. **Make certain that the KING LT/LTS-D remains in the midline position while inserted.**

Cuff Inflation Guide:

KING LT-D: Size #2, 25-35 mL; Size #2.5, 30-40 mL; Size #3, 45-60 mL;

Size #4, 60-80 mL; Size #5, 70-90 mL

KING LTS-D: Size #3, 40-55 mL; Size #4, 50-70 mL; Size #5, 60-80 mL

9. While gently bagging the patient to assess ventilation, simultaneously withdraw the KING LT/LTS-D until ventilation is easy and free flowing (large tidal volume with minimal airway pressure).
10. Reference marks are provided at the proximal end of the KING LT/LTS-D which when aligned with the upper teeth give an indication of the depth of insertion.
11. Verification of proper tube placement as per VERIFICATION OF ADVANCED AIRWAY PLACEMENT policy.
12. Secure the tube and ventilate with a BVM device with 100% oxygen.
13. Apply cervical collar.
14. Reevaluate the position of the tube at least after each movement of the patient.
15. KING LT/LTS-D Airways are NOT to be used for medication administration.

EMERGENCY REMOVAL:

Generally KING LT/LTS-D Airway devices will NOT be removed in the field. In situations where patient combativeness makes continued intubation dangerous, the tube may be removed.

1. Have suction and BVM for assisted ventilations ready.
2. Position patient to minimize risk of aspiration.
3. Deflate cuffs.
4. Remove device.
5. Suction patient and assist ventilations as needed.