

King LT Airway

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EMT/ King Airway/TECH SKILL

Use of the Esophageal King LT Airway by EMT.

I. Indications

Patient is apneic and without a gag reflex and,

A King LT size # 5 connector color purple
Patient is over six (6') feet tall or,

B. King LT size # 4 connector color red
Patient is five (5') to six (6') feet tall or,

C. King LT size # 3 connector color yellow
Patient is four (4') to five (5') feet tall.

II. Contraindications

The King LT is contraindicated and should not be used in the following situations:

- A. An intact gag reflex
- B. Under four (4') feet tall
- C. Cases of known or suspected caustic poisoning
- D. Known esophageal disease, or esophageal trauma

III. General items

- A. For patients in cardiopulmonary arrest, chest compressions and early defibrillation takes precedence over the placement of the King LT Airway.
- B. The King LT is not a replacement for standard endotracheal (ET) intubation.
- C. Written documentation must be made on all cases in which a King LT Airway attempt was made, whether successful or unsuccessful. The EMT who is in charge of patient care is responsible for the written report. A copy of this report must be forwarded to the Skagit County Medical Program Director at the **SCEMS Commission office**.

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D. Before releasing a patient with an airway in place to another level of care (i.e., emergency physician, nurse, paramedic), the EMT must be certain that the receiving person is knowledgeable about proper use and function of the device and is aware that it is in place.

E. In the event that a King LT has been placed and an aid unit that will transport the patient is not staffed with personnel trained to use the device, the EMT who performed the procedure will accompany the patient to the emergency room, or until personnel with equal or higher level of certification can assume patient care.

1. When facial trauma has resulted in sharp, broken teeth or dentures remove dentures and exercise extreme caution when passing the King LT Airway into the mouth to prevent the cuff from tearing.
2. The King LT airway is a single patient use device, once it has been used, it should not be reused or recycled.

IV. Procedure

A. Verify cardiac and/or respiratory arrest.

B. Initiate CPR and ventilate via pocket mask or bag valve mask with high flow oxygen.

C. If appropriate (i.e. respiratory arrest) ventilate 30-60 seconds prior to King LT Airway intubation attempt.

D. If the patient is in cardiopulmonary arrest and an automatic defibrillator is immediately available, first proceed with defibrillation as per protocols.

E. Placement of the King LT Airway may be done at any point during the defibrillation protocols where a shock is not indicated or rhythm analysis is not being performed.

F. Continue ventilations while preparing the King LT Airway.

G. Place the head in a neutral or “sniffing” position.

H. Hold the King LT at the connector with dominate hand, hold mouth open an apply chin lift. With the King Lt 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. As the tube passes behind the tongue, rotate tube back to midline (blue orientation line faces chin). Without exerting excessive force, advance tube until connector is aligned with teeth or gums.

I. Inflate cuffs per manufacturer’s recommendations and adjust cuff volumes as needed to achieve and maintain seal.

K. Attach a bag-valve-mask to the colored tube and begin ventilations pulling up slightly to seat the cuff.

L. Using a stethoscope, listen for breath sounds in both lateral lung fields to confirm placement.

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M. Secure Airway in place. Periodically check for appropriate placement of the King Airway and adequate ventilations.

N. If unsuccessful after the second attempt to insert the King LT discontinue the procedure and continue ventilations via a bag-valve-mask or pocket mask.

V. Removal of the King LT Airway

If the patient regains consciousness or begins to fight the tube, restrain if necessary, and immediately remove the King LT Airway as follows:

A. Turn the patient on to their side.

B. Deflate cuffs.

C. Gently remove the King LT Airway.

D. Be prepared, for the patient may vomit; suction as necessary.

E. Assure the patient's respirations are adequate; assist as necessary giving supplemental oxygen per protocols.

