

ADVANCED AIRWAY MANAGEMENT

KING LTS-D AIRWAY (SUPRAGLOTTIC AIRWAY) INTUBATION

INDICATIONS

- Airway management in a non-breathing person without a gag reflex
- Patient is over 4 feet in height.

CONTRAINDICATIONS

- Patients under 4 feet in height.
- Intact gag reflex.
- Patients with known esophageal disease
- Patients who have ingested caustic substances

EQUIPMENT

1. King LTS-D Airway
2. 14 Fr soft suction catheter
3. Lubricant
4. 60 cc syringe

PROCEDURE

1. Pre-oxygenate the patient.
2. Choose the correct size King LTS-D airway
 - **Size 3** fits **4-5 feet** in height **Yellow** connector.
 - **Size 4** fits **5-6 feet** in height **Red** connector.
 - **Size 5** fits **6+ feet** in height **Purple** connector.
3. Inspect the King LTS-D for visible damage prior to insertion.
4. Test cuff to ensure there are no leaks.
5. Apply a water-based lubricant to the beveled distal tip and posterior aspect of the tube. Avoid getting lubricant near the ventilatory openings.
6. Position patient's head. The ideal position for the King LTS-D insertion is "sniffing position". The angle of the King LTS-D does not allow for insertion at a neutral angle.
7. Hold the King LTS-D at the connector with the dominant hand. With the non-dominant hand, hold the mouth open and apply chin lift, unless contraindicated by C-spine precautions or patient position. Using a lateral approach, introduce tip into corner of mouth.
8. Advance the tip behind the base of the tongue while rotating tube back to midline so that the blue orientation line faces the chin of the patient.
9. Without exerting excessive force, advance the King LTS-D until base of connector is aligned with teeth or gums.

10. Inflate the cuffs with the minimum volume necessary to seal the airway. Inflation volumes are located the King LTS-D airway. Typical inflation volumes are as follows:
 - Size 3: 45-60 cc
 - Size 4: 60-80 cc
 - Size 5: 70-90 cc
11. Gently ventilate the patient using BVM. If initial ventilations meet resistance perform the following:
 - Slowly pull back on King LTS-D airway while gently ventilating.
 - When ventilations suddenly become easy and free flowing with corresponding chest wall rise maintain that level of insertion.
12. Confirm placement to ensure adequate ventilations by auscultation of lung sounds, observing adequate chest rise, and verification of end tidal CO₂ waveform.
13. If necessary, add additional volume to cuff to maximize seal of the airway (within cuff size limits).
14. Secure King LTS-D airway to patient utilizing tape or appropriate commercial device.
15. Lubricate a 14 Fr. suction catheter prior to inserting into the King LTS-D's gastric access lumen.
16. Document the size of King LTS-D airway used and the depth of insertion at teeth or lips.

Note: The King LT airway does not protect the airway from aspiration like ET intubation does.

Copyright 2016 Chicago EMS Medical Directors Consortium

Written: 12/99

Reviewed: 3/00; 3/09; 5/11; 11/14

Revised: 3/00; 3/09; 11/14

MDC Approval: 1/00; 3/00; 4/7/09; 11/13/14

IDPH Approval: 7/9/09; 5/20/15

Implementation: CFD BLS 5/00; Other 8/00; 1/1/10; 6/1/15