



**REGION 11
CHICAGO EMS SYSTEM
PROCEDURE**

Title: King Airway Insertion

Section: Airway/Ventilatory Management

Approved: EMS Medical Directors Consortium

EMS Level: BLS/ALS

KING AIRWAY INSERTION

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

- King LTS-D Airway
- 14 French suction catheter
- Water-based lubricant
- 60 ml syringe

PROCEDURE

1. Pre-oxygenate the patient.
2. Choose the correct size King 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 Airway 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 Airway insertion is "sniffing position". The angle of the King Airway does not allow for insertion at a neutral angle.
7. Hold the King Airway at the connector with the dominant hand. With the non-dominant hand, hold the mouth open and apply chin lift, unless contraindicated by cervical 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.



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9. Without exerting excessive force, advance the King Airway 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 on the King Airway. Typical inflation volumes are as follows:
 - Size 3: 45-60 ml
 - Size 4: 60-80 ml
 - Size 5: 70-90 ml
11. Gently ventilate the patient using bag valve mask. If initial ventilations meet resistance perform the following:
 - Slowly pull back on King 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 Airway to patient utilizing tape or appropriate commercial device.
15. Lubricate a 14 French suction catheter prior to inserting into the King Airway's gastric access lumen.
16. Document the size of King Airway used and the depth of insertion at teeth or lips.

Note: The King Airway does not protect the airway from aspiration like endotracheal intubation does.