

## P130 LFD PROCEDURE PROTOCOL: KING AIRWAY

AEMT	EMT-I	Paramedic
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### Indications:

- Rescue airway if unable to intubate a patient in need of airway protection
- Primary airway if intubation anticipated to be difficult and rapid airway control is necessary
- Primary airway in pulseless arrest, when attempts at intubation are likely to interrupt CPR
- Designated advanced airway for AEMTs

### Contraindications:

- Intact gag reflex
- Caustic ingestion

### Technique:

1. Initiate BLS airway sequence
2. Select proper size King Airway based on patient height:
  - a. 35" to 45" tall = #2
  - b. 41" to 51" tall = #2.5
  - c. 4' to 5' tall = #3
  - d. 5'-6' tall = #4
  - e. Greater than 6' tall = #5
3. Assemble equipment, note correct volume for inflation marked on tube itself, test balloon for leaks, lubricate posterior aspect distal tip with water-soluble lubricant (included)
4. Suction airway and pre-oxygenate with BVM ventilations, if possible
5. If trauma: have assistant hold in-line spinal immobilization in neutral position
6. If no trauma, sniffing position or slight cervical hyperextension is preferred
7. Hold King tube in dominant hand at the connector. With other hand, open mouth and lift chin
8. Rotate King tube so blue index line is facing corner of mouth
9. Introduce tip into mouth and advance airway behind tongue into the hypopharynx
10. As tube passes tongue, rotate King so that blue index line is again facing the chin
11. Without excessive force, advance King so that base is aligned with teeth or gums
12. Using supplied syringe, inflate cuff balloon with correct volume of air (marked on King tube):
  - a. Size 2 = 30 mL
  - b. Size 2.5 = 35 mL
  - c. Size 3 = 50 mL
  - d. Size 4 = 70 mL
  - e. Size 5 = 80 mL
13. Attach bag to King and begin ventilating patient. While bagging, slowly and slightly withdraw King until ventilations are easy and chest rise is adequate
14. Confirm tube placement by auscultation, chest movement, and ETCO<sub>2</sub>
15. Monitor patient for vomiting and aspiration
16. Continuously monitor ETCO<sub>2</sub>, SpO<sub>2</sub>, vital signs

### Precautions:

1. If patient < 4' tall, an appropriately sized pediatric King tube must be used.
2. Use with caution in patients with broken teeth, which may lacerate balloon
3. Use with caution in patients with known esophageal disease
4. Use caution if removing a properly functioning King tube in order to attempt intubation
5. 60 cmH<sub>2</sub>O is the maximum manufacturer recommended cuff pressure. Best practice is to check the cuff pressure with Posey\* Cufflator to insure the cuff is not over-inflated and occluding carotid blood flow to the brain.