

APPENDIX J

KING LTS-D AIRWAY

1. Indications

A. A need to secure an airway and provide ventilations for patients who are unconscious, have no gag reflex and are over 4 feet tall

2. Procedure

A. Choose the correct size airway, based on patient height.

1. Size 3(yellow) 4-5 feet tall.
2. Size 4(red) 5-6 feet tall.
3. Size 5(purple) over 6 feet tall

B. Test the cuff inflation system by injecting the maximum recommended volume of air into the cuffs. Remove all air from both cuffs prior to insertion.

1. Size 3- 60ml.
2. Size 4- 80ml.
3. Size 5- 90ml.

C. Apply a water-based lubricant to the beveled distal tip and posterior aspect of the tube taking care to avoid introduction of lubricant in or near the ventilatory openings.

D. Have a spare King LTS-D ready and prepared for immediate use.

E. Pre-oxygenate.

F. Ensure gag reflex is not intact.

G. Position the head. The ideal position is the “sniffing position”.

H. Hold the airway at the connector with the dominant hand. With non-dominant hand, hold mouth open and apply chin lift.

I. Place the flat edge of the airways tip against the hard palate. The tube should be in the corner of the mouth with the tube rotated laterally(outward), when the tip passes under the tongue, rotate it medially to midline. Continue until the proximal cuff is slightly visible in the posterior pharynx under the base of the tongue. (Never use force when positioning the airway).

J. Depth markings are provided at the proximal end of the airway which refers to the distance from the distal ventilatory opening. When properly placed, with the distal tip and cuff in the esophagus, and the ventilatory openings aligned with the opening to the larynx, the depth markings give an indication of the distance, in centimeters, from the vocal cords to the teeth.

K. Inflate the cuffs to 50-70 ml. using a standard luer-tipped syringe. Use minimum amount of pressure necessary to seal the airway at the peak ventilatory pressure employed.(See maximum amounts above.)

L. Check lung ventilation by auscultation and chest movement.

M. If ventilation is not sufficient, gently advance or retract the airway to achieve optimal ventilation.

N. Secure the airway using the Thomas ET holder.

3. Removal

- A. Removal should always be carried out with suction equipment and intubation equipment readily available for use.
- B. It is important that both cuffs are completely deflated before removal.

4. Contraindications

- A. Responsive patients with an intact gag reflex.
- B. Patients with known esophageal disease.
- C. Patients who have ingested caustic substances.
- D. Patients under 4 feet tall.

5. Considerations

- A. The King LT does not protect the airway from the effects of regurgitation and aspiration.
- B. Intubation of the trachea can not be ruled out as a potential complication.
- C. Lubricate only the posterior surface of the airway.