

ADVANCED BLS AIRWAY MGMNT: KING LT-D PROTOCOL

KING LT-D INSERTION PROCEDURE

When the listed Indications are met, Contraindications are ruled out and Conditions achieved, in accordance with PEAK's Advanced BLS Airway Management: KING LT-D Protocol Pre-Insertion Checklist, a Qualified Provider¹ may insert a KING Airway to assist airway and respiratory management of a respiratory and/or cardiac arrest patient in the non-urban environment.

1. Rule out contraindications as per PEAK's Advanced BLS Airway Management: KING LT-D Protocol Pre-Insertion Checklist.
2. Pre-oxygenate the patient as per BLS skills (OPA and/or NPA, BVM and oxygen).
3. While patient is being pre-oxygenated, ready equipment for KING Airway insertion; specifically:
 - a. Measure patient's height utilizing the PEAK sizing tool and select the appropriate KING Airway tube size in accordance with PEAK's Advanced BLS Airway Management: KING LT-D Protocol Pre-Insertion Checklist;
 - b. Test KING Airway cuffs and inflate cuffs to 60 cm H₂O utilizing a pressure cuff inflator; deflate cuffs once cuff integrity has been established;
 - c. Apply water based lubricant to the beveled distal tip and the posterior aspect of the tube (care should be exercised not to introduce lubricant into the ventilator openings).
4. Place the patient's head in the 'sniffing' position.
5. With gloved hands, grasp the patient's tongue with gauze and pull forward.
6. With the KING Airway held at the connector in the Qualified Provider's dominant hand gently insert the KING Airway rotated laterally 45 degrees so the blue orientation line is touching the corner of the patient's mouth.
7. Once the tip of the KING Airway is at the base of the tongue, rotate the KING Airway back to midline and insert the tube until the base of the connector is in line with the teeth and gums.
8. Re-inflate the cuffs utilizing a pressure cuff inflator to 60 cm H₂O.
9. Attach a colorimetric CO₂ detector to the KING Airway (colour changes should be noted), then connect a BVM to CO₂ detector and attempt to ventilate the patient. If ventilation is easy, proceed to step #11. Alternatively, if ventilation is difficult proceed to step #10.
10. While gently ventilating, simultaneously withdraw the KING Airway until ventilation is easy and free flowing (large tidal volume with minimal airway pressure).
11. Assess proper KING Airway placement and ventilation as follows:
 - a. Ensure ease of ventilations
 - b. Observe rise and fall of chest
 - c. Ensure colorimetric CO₂ detector activates (colour changes from purple to yellow)
 - d. Auscultate chest for bilateral breath sounds
 - e. Auscultate epigastrium (no sounds should be heard)
 - f. Attach pulse oximeter and monitor oxygen saturation (values should increase)

NOTES: A KING color-coded 60cc syringe should be easily accessible at all times during KING Airway use and utilized in the situations where rapid deflation of the cuffs is required (i.e. patient regains a gag-reflex or is vomiting).