

## PRE-INSERTION CHECKLIST

INCIDENT INFORMATION			
PATIENT'S NAME	CHECKLIST COMPLETED BY (PROVIDER)	INCIDENT DATE (DD / MM / YY)	TIME (24 hr)

When the listed Indications are met, Contraindications are ruled out and Conditions achieved, a Qualified Provider<sup>1</sup> may insert a KING Airway to assist airway and respiratory management of a respiratory and/or cardiac arrest patient in the non-urban environment.

### INDICATIONS FOR USE (ALL INDICATIONS MUST BE MET)

- CNS:** GCS 3 of 15;
- AIRWAY:** Absent of gag-reflex, tolerates OPA with no gagging whatsoever;
- RESPIRATORY:** Hypoventilation (*not adequate to sustain life and requires ongoing ventilatory support*) or respiratory arrest;
- PATIENT'S HEIGHT:** Patient height is 4 feet or greater

### CONTRAINDICATIONS OF USE

- |                                      |                               |
|--------------------------------------|-------------------------------|
| 1. Active gag-reflex                 | 5. Caustic ingestion          |
| 2. Inability to clear FBAO           | 6. Known esophageal disease   |
| 3. Active vomiting or regurgitation  | 7. Stoma                      |
| 4. Airway edema (anaphylaxis, burns) | 8. Less than 4 feet in height |

### CONDITIONS OF USE (ALL CONDITIONS MUST BE ACHIEVED PRIOR TO THE INSERTION OF A KING AIRWAY)

- Completed a Primary Assessment
- Provided and maintained all necessary critical interventions
- Activated the local emergency response system and notified EMS
- Conducted a targeted Past Medical History if possible
- Obtained and recorded baseline vital signs including: LOR, RR, HR, Skin Temp. and Condition
- Ruled out contraindications
- Confirmed patient's height to determine the appropriate KING Airway tube size and cuff volumes as follows:

KING LT-D TUBE SIZING & INFLATION VOLUMES			
TUBE SIZE	#3	#4	#5
PATIENT HEIGHT	4 – 5 ft.	5 – 6 ft.	> 6 ft.
CUFF VOLUME (syringe inflation)	45 – 60 ml	60 – 80 ml	70 – 90 ml
CUFF PRESSURE (pressure gauge inflator)	60 cm H <sub>2</sub> O	60 cm H <sub>2</sub> O	60 cm H <sub>2</sub> O

- KING Airways are to be inserted and maintained in accordance with PEAK's 'Advanced BLS Airway Management: KING LT-D Protocol Insertion Procedure'

<sup>1</sup> Qualified Provider - an individual who has received specific PEAK training.