

# ADVANCED AIRWAY MANAGEMENT-KING AIRWAY

## OVERVIEW:

The King airway has proven to be an effective means of advanced airway control in the pre-hospital setting. While endotracheal intubation remains the 'gold' standard of airways, the use of the King airway should not be overlooked, and may be performed by EMT level personnel if trained and equipped.

## INDICATIONS:

- ❑ Acute airway or ventilatory compromise in trapped patient where endotracheal intubation cannot be accomplished.
- ❑ Endotracheal intubation by a paramedic cannot be accomplished after two attempts
- ❑ BVM with OPA/NPA is not adequate for patient and no higher-trained personnel are available

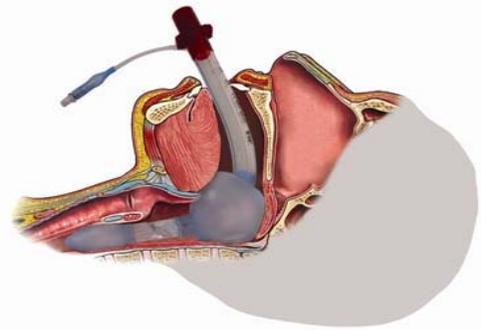
## CONTRAINDICATIONS:

- ❑ Patient with gag reflex
- ❑ Patient with known esophageal disease
- ❑ Patient who has ingested caustic substances

## PROCEDURE:

- ❑ Pre-oxygenation with BVM for 1-2 minutes with supplemental high flow oxygen while preparing King equipment (may be done by all level of providers)
- ❑ Choose appropriate tube size for patient:

	Cuff Inflation
▪ Size 2 (Green) 35" to 45" tall	25-35 cc
▪ Size 2.5 (Orange) 41" to 51" tall	30-40 cc
▪ Size 3 (Yellow) 4' to 5' tall	45-60 cc
▪ Size 4 (Red) 5' to 6' tall	60-80 cc
▪ Size 5 (Purple) >6' tall	70-90 cc
- ❑ Check cuffs for leaks and apply water soluble lubrication to tip
- ❑ Using Head Tilt Chin Lift or jaw thrust, from the corner of mouth, advance tip under the base of tongue. Then rotate the tube back to midline and advance the tube until the base of the connector is aligned with patient's teeth or gums. (Do not use excessive force.)
- ❑ Inflate cuff
- ❑ Attach BVM and assess proper tube placement via auscultation, chest movement, and/or CO2 Capnography
- ❑ Secure King Airway with Endotracheal tube holder



## CONSIDERATIONS:

- ❑ Do not force the airway
- ❑ If you are unable to ventilate the patient, deflate the cuff and withdrawal the tube lightly until ventilation is easy and free flowing. Then re-inflate cuff and secure.
- ❑ Document why you had to use King Airway and tube depth for the patient