	Department: Respiratory Services	Date Originated: May 2011 Date Reviewed/Revised:
PROCEDURE	Topic: <u>Emergency</u> – King LT-D System for Emergency Airway Management (Respiratory Therapy) Number: B-00-12-12075	Related Links:

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APPLICABLE SITES:

St. Paul's Hospital
 Mount Saint Joseph Hospital

GENERAL INFORMATION:

The King LT-D airway is designed to be placed blindly via the upper airway to facilitate airway protection and ventilation.

The airway consists of two balloons: one of which creates a seal in the esophagus, with the second creating a seal in the oropharynx, allowing for ventilation to be directed through the trachea via ventilation ports placed between the two balloons. There is only one pilot balloon on the tube, which inflates both the smaller blind esophageal balloon as well as the larger proximal oropharyngeal balloon.

The King LT-D airway is designed such that an airway exchange catheter can be directed into the trachea via the large ventilation port to facilitate placement of an endotracheal tube. Suctioning of the airway may also be performed via this port.

The King LT-D airway does NOT allow for gastric decompression as there is no direct access through the esophagus, however the inflated balloons should prevent air from reaching the stomach during manual ventilation.

The only size available at our sites is Size 4, which is designed for people 5-6 feet tall.

INDICATIONS:

The King LT-D airway is an adjunct for emergency airway management, which may be used in the case of a difficult airway; however, it may be more commonly used in the pre-hospital environment by EHS.

CONTRAINDICATIONS:

- Esophageal disease (varices, alcoholism, cirrhosis)
- Ingestion of caustic substances
- Vomiting (due to the tube balloon occluding the esophagus)
- Intact/active gag reflex

CAUTIONS:

This device does not create a secure, definitive airway. It should be used only for a short period of time until a definitive airway can be placed.

EQUIPMENT:

- King LT-D airway (Size 4 only)
- 60 mL syringe
- Lubricating jelly
- Manual resuscitator
- ETCO₂/capnography device
- Tape
- Suction equipment

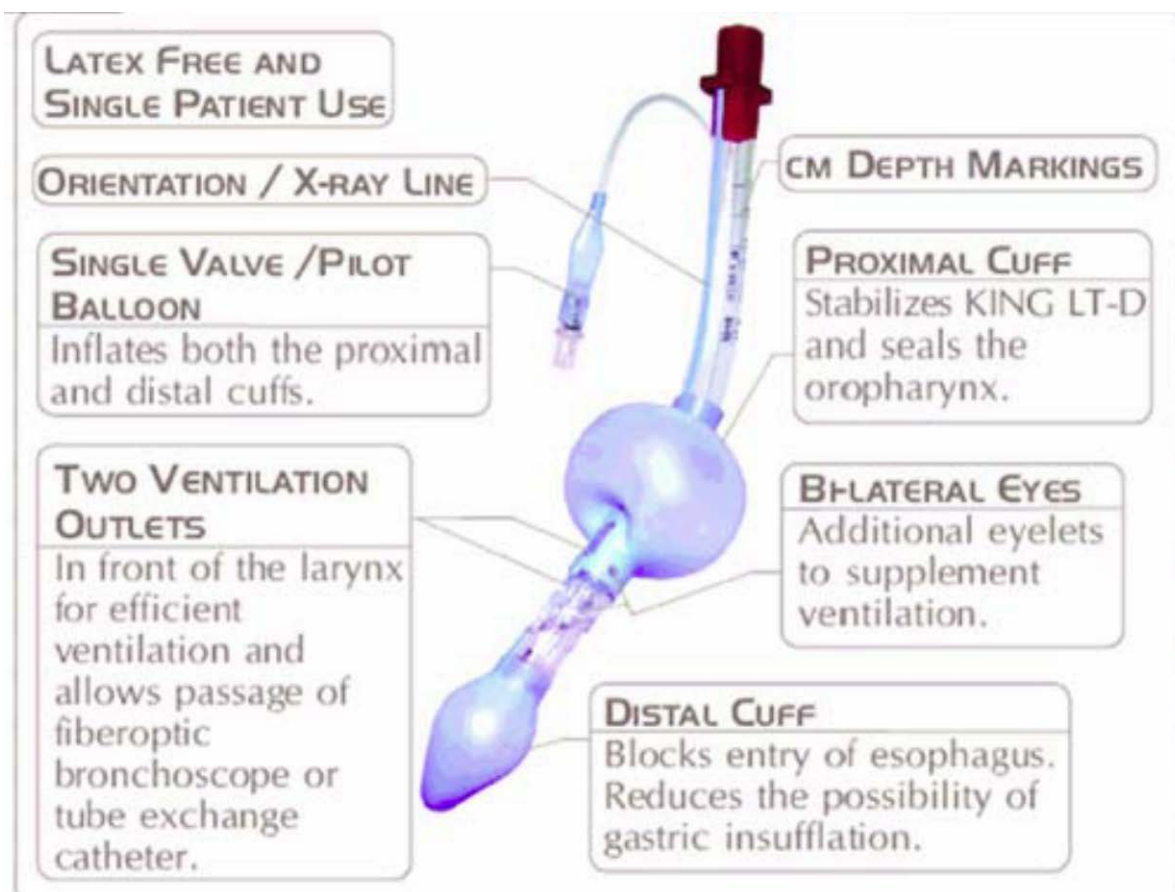


Diagram of King LT-D Airway

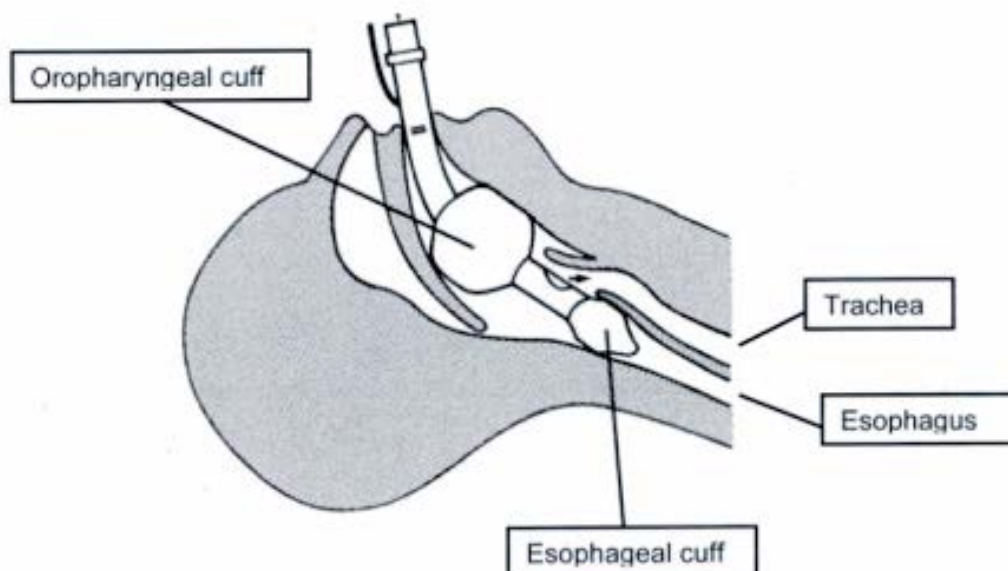


Diagram of King LT-D Airway in position

PROCEDURE:

1. Remove airway from package and test the integrity of the balloons. Lubricate ONLY the back side of the airway, taking care not to get any on the ventilation ports.
2. Using sniffing or neutral position, apply chin lift and introduce the airway into the mouth with blue line to the corner of mouth.
3. Advance the tip behind the base of tongue, while rotating tube back to midline.
4. Advance until the base of the red connector is aligned with teeth or gums (do not use excessive force).
5. Inflate the cuffs with 60-80 mL of air via the pilot line (may need to adjust amounts to get a good seal).
6. Attach ETCO₂/capnography detection device detector to assess for proper placement and to monitor CO₂.
7. Attach manual resuscitator and provide ventilation to assess for leaks while gently withdrawing the airway until it seals (i.e. good chest rise with no air leak out the mouth). Secure the airway with tape.
8. Continue to ventilate manually while considering definitive airway options.
9. To remove the King airway, fully deflate the two balloons via the pilot balloon. Be prepared with suction as there is a potential for vomiting.