




## KING AIRWAY FOR BLS FIRST RESPONDER Rural and Remote Areas

APPROVED:   
EMS Medical Director

  
EMS Administrator

1. King Airway is an optional scope procedure for First Responder EMTs.
  - 1.1 Accreditation - Initial training will consist of at least five hours of training that shall comply with section 100064 of the California EMSA EMT 1 Regulations.
  - 1.2 To remain accredited for this optional scope, EMTs must successfully complete skills competency training every three months.
  - 1.3 A current list of those EMTs accredited in the use of the King Airway will be submitted to EMS agency and be updated regularly.
  
2. INDICATIONS:
  - 2.1 Cardiac arrest from any cause
  - 2.2 Respiratory arrest with no gag reflex
  - 2.3 Unconscious patient with inadequate respiration and no gag reflex
  
3. CONTRAINDICATIONS: **DO NOT** use on patient if:
  - 3.1 Patient is under four (4) feet tall for the King LT-D airway (always comply with manufacturer's recommendations for sizing)
  - 3.2 Patient has an active gag reflex
  - 3.3 Patient has known or suspected esophageal disease
  - 3.4 Patient has history of ingesting a caustic substance
  - 3.5 Patient has known or suspected foreign body obstruction of the larynx or trachea
  
4. PREPARE FOR INSERTION OF THE NON-VISUALIZED AIRWAY
  - 4.1 Take appropriate body substance isolation (BSI) precautions
  - 4.2 Perform at least one cycle (two minutes) of CPR
  - 4.3 Maintain ventilation with an oropharyngeal airway and bag-valve-mask with supplemental oxygen
  - 4.4 Determine and select appropriate King Airway for size of patient
  - 4.5 Prepare the non-visualized airway
  - 4.6 Determine cuff integrity per manufacturer's directions

Issue Date: May 2010  
Effective Date: March 1, 2012  
Review Date: March 2014

- 4.7 Lubricate as necessary
- 4.8 Insure all necessary components and accessories are at hand
5. Prepare the patient
  - 5.1 Reconfirm original assessment
  - 5.2 Inspect upper airway for visible obstructions and remove
  - 5.3 Pre-oxygenate the patient
  - 5.4 Position the patient's head in a neutral position
  - 5.5 Do not interrupt CPR for placement of the King Airway
6. AIRWAY INSERTION should be accomplished according to the manufacturer's directions
7. Ventilate the patient
  - 7.1 King LT-D
  - 7.2 Simultaneously gently bag the patient and withdraw the King LT-D until ventilation is easy and free flowing
8. Confirm tube placement
  - 8.1 Chest rise and fall
  - 8.2 Auscultate lung sounds
  - 8.3 Auscultate epigastric sounds
  - 8.4 Readjust cuff inflation
  - 8.5 Secure airway in place
  - 8.6 Continue ongoing respiratory assessment and treatment
9. TUBE REMOVAL
  - 9.1 Indications
    - 9.1.1. Patient regains consciousness
    - 9.1.2. Protective gag reflex returns
    - 9.1.3. Ventilation is inadequate
  - 9.2 Remove as per manufacturer's directions
  - 9.3 Place the patient on high flow oxygen and assist with ventilation as needed
10. Transport promptly as available
11. Documentation will be completed on the King Airway CQI form immediately after each successful or attempted use of the device. This form will be faxed or emailed to the San Mateo County JPA/Cal Fire EMS Supervisor.