

# Airway: King Airway

## Clinical Indications:

1. EMT – cardiac arrest patients only.
2. Inability to adequately ventilate a patient with a Bag Valve Mask (BVM) and basic airway adjunct.
3. An unconscious patient without a gag reflex who is apneic or is demonstrating inadequate respiratory effort.

Applies to:	
E	EMT
P	Paramedic

## Contraindications:

1. Gag reflex
2. Caustic ingestion
3. Known esophageal disease (e.g., cancer, varices or stricture)
4. Laryngectomy with stoma – if present, place ETT in stoma
5. Height less than 4 feet
6. Known foreign body airway obstruction

## Procedure:

1. Prepare, position and oxygenate the patient with 100% Oxygen.
2. Document the pre-intubation EtCO<sub>2</sub> reading (ALS providers).
3. Select proper King Airway; have suction ready.
3. Lubricate the King Airway with water-based lubricant.
4. Grasp the patient's tongue and jaw with your gloved hand and pull forward.
5. Using a laryngoscope to displace the tongue, gently insert the tube rotated laterally 45-90 degrees to the right so that the blue orientation line is touching the corner of the mouth. Once the tip is at the base of the tongue, rotate the tube back to midline. Insert the airway until the base of the connector is in line with the teeth and gums.
6. Inflate the pilot balloon with 45-90ml of air depending on the size of the device used.
7. **If resistance is encountered when ventilating immediately after placement, ventilate the patient while gently withdrawing the airway until the patient is easily ventilated.**
8. Auscultate for breath sounds and sounds over the epigastrium and look for the chest to rise and fall.
9. Secure the device using a commercial tube holder.
10. **Confirm tube placement using EtCO<sub>2</sub> and waveform capnography.**
11. **It is required that the airway be monitored continuously through waveform capnography (ALS providers) and pulse oximetry.**

