

# KING AIRWAY PROCEDURE

## Indications

- When ventilation cannot be adequately maintained by BLS techniques, intubation is anticipated to be difficult, or intubation is unsuccessful after one attempt

### Pre-procedure

- Open airway and pre-oxygenate with BVM for 1-3 min with 100% O2. Avoid hyperventilation in cardiac arrest
- Test cuff according to manufacturer’s instructions
- Apply water soluble lubricant to distal end of the tube
- Position the head into the “sniffing” position or neutral position if trauma is suspected
- Remove dentures before placing tube to prevent laceration of the cuffs



### Procedure

- Without exerting excessive force, advance tube until base of connector is aligned with teeth or gums
- Inflate cuffs based on size of tube
- Attach bag-valve to King Airway
- If necessary, withdraw airway until ventilation is easy and free flowing the
- Verify placement using all of the following
  - Rise and fall of chest
  - Bilateral breath sounds
  - Capnometry/capnography or colorimetric device
- Secure the tube with tape or commercial tube holder, noting depth marking on tube

### Equipment

- King Airway
- Syringe
- Water soluble lubricant
- Portable suction device
- Capnometry/capnography or Colorimetric device
- Stethoscope

### King Tube Sizing

Size	Patient Criteria	Color	Inflation Volume
3	4-5ft	Yellow	45-60ml
4	5-6ft	Red	60-80ml
5	>6ft	Purple	70-90ml

### SPECIAL CONSIDERATIONS

- If there is any doubt about the proper placement of the King Airway, deflate the cuffs and remove device; ventilate the patient with BVM for 30 seconds and repeat sequence of steps
- If unsuccessful on second attempt, resume BLS airway management

### Critical Information

- Contraindications:
  - Responsive patient with an intact gag reflex
  - Patient with known esophageal disease
  - Patients who have ingested caustic substances
  - Tracheal stoma
  - Patient fits on length based resuscitation tape