

7.03 SUPRAGLOTTIC AIRWAY

INDICATIONS

King Airway insertion may be performed only on those patients who meet ALL of the following criteria:

- Are unconscious and without purposeful movement.
- Do not have a gag reflex.
- Apnea

INSERTION PROCEDURE

1. Inflate cuff and check for leaks.
2. Apply water-soluble lubricant to distal end of tube.
3. Pre-oxygenate patient.
4. Place patient's head in a neutral position.
5. With non-dominant hand, hold mouth open and apply chin lift.
6. Using lateral approach, introduce tip into mouth.
7. Advance the tip behind the base of the tongue while rotating tube back to midline so that the blue orientation line faces the chin of the patient.
8. Without exerting undue force, advance tube until base of connector is aligned with teeth or gums.
9. Inflate cuff (the appropriate size volume).
10. Attach BVM to King Airway.
11. While gently bagging patient to assess ventilation, withdraw the airway until ventilation is easy and free-flowing.
12. Assess ventilation:
 - Rise and fall of the chest.
 - Bilateral lung sounds.
 - Confirm placement with CO2 detector
 - Gastric auscultation.
 - If breath sounds are present continue to ventilate. If an air leak is noted, up to 10 mL of air can be added to the cuff.
13. If there is any question about the proper placement of the King Airway, deflate the cuffs and remove device, ventilate the patient with BVM for 30 seconds and repeat.
14. Secure the tube. Note depth marking on tube.
15. Continue to monitor the patient for proper tube placement throughout prehospital treatment and transport.