



Esophageal Airway

King LTS-D



KING LTS-D...

... is a brand name.

Generically, it is a "Supralaryngeal Airway"



Indications for “King” Tube

- *When attempts at intubation have failed
- *Situations where the airway cannot be visualized for intubation or the paramedic has determined that an intubation attempt may be too time consuming and the King Tube could be placed without difficulty.



Contraindications

- Active gag reflex
- Caustic ingestion or extensive airway burns
- Known esophageal disease
- Laryngectomy with stoma
- Height less than 4 feet



Sizing and Information

KING LTS-D Size	3	4	5
Connector Color	Yellow	Red	Purple
Recommended Patient Height	4-5 Ft	5-6 Ft	>6 Ft
Cuff Volume	40-60 ml	60-80 ml	70-90 ml



King LT-D Design

**LATEX FREE AND
SINGLE PATIENT USE**

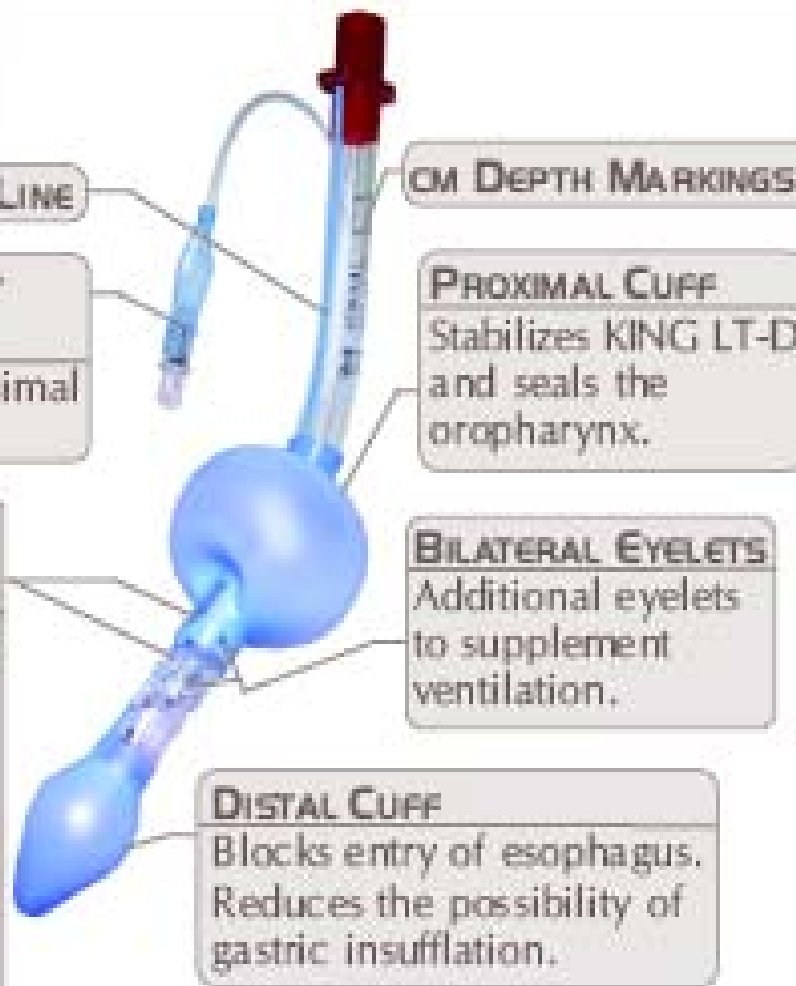
ORIENTATION / X-RAY LINE

**SINGLE VALVE /PILOT
BALLOON**

Inflates both the proximal and distal cuffs.

**TWO VENTILATION
OUTLETS**

In front of the larynx for efficient ventilation and allows passage of fiberoptic bronchoscope or tube exchange catheter.



CM DEPTH MARKINGS

PROXIMAL CUFF

Stabilizes KING LT-D and seals the oropharynx.

BILATERAL EYELETS

Additional eyelets to supplement ventilation.

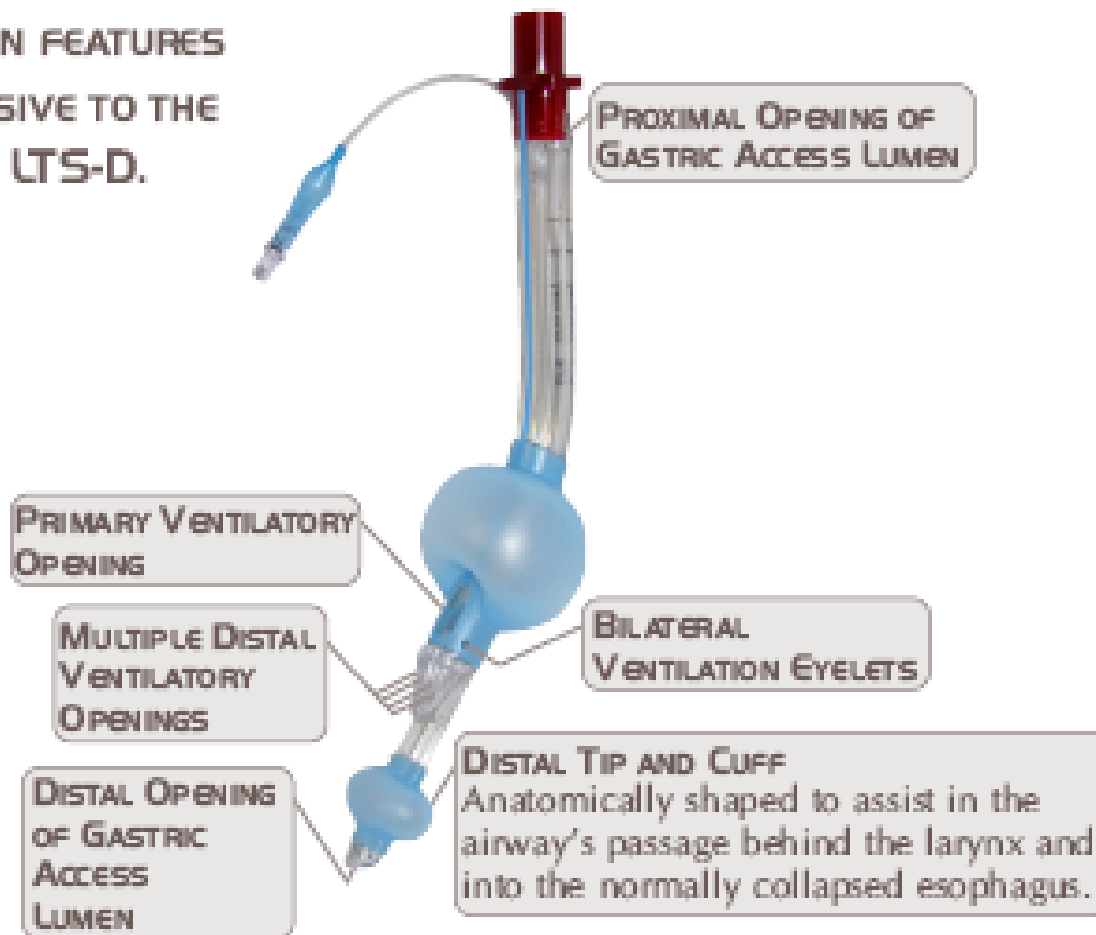
DISTAL CUFF

Blocks entry of esophagus. Reduces the possibility of gastric insufflation.



King LTS-D

DESIGN FEATURES
EXCLUSIVE TO THE
KING LTS-D.



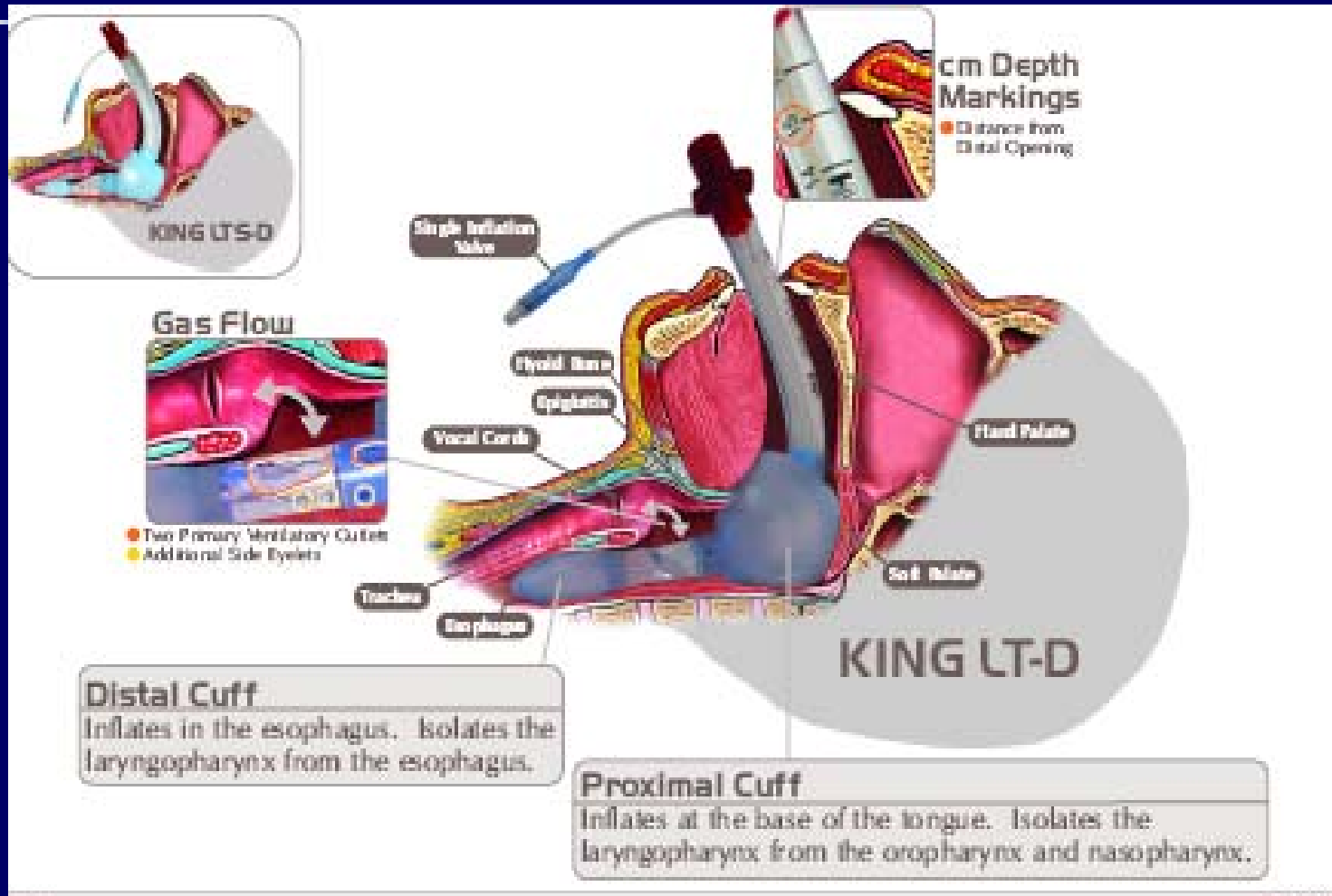


Gastric Access Lumen

Will not be used in the pre-hospital setting



Placement Diagram





Insertion Instructions

- Assure an adequate BLS airway
- Choose correct size King LTS-D
- Test cuffs for air leak
- Apply lubricant to the distal tip
- Pre-Oxygenate the patient
- Position the head



Insertion (cont)

- Hold the King LTS-D at the connector
- Hold mouth open and apply chin lift
- Introduce tip into mouth
- Advance tip behind the base of tongue
- Rotate tube back to midline
- Without exerting excessive force, advance tube until base of connector is aligned with teeth or gums
- Inflate cuffs



Insertion (cont)

- While gently bagging withdraw the airway until ventilation is easy and free flowing
- Assess breath sounds
- 10 ml air (maximum) can be added to cuff if air leaks are noted
- Secure the tube with tape if necessary
- Continue to monitor patient



Tips

- **The key to insertion:**
- Midline approach
- Depth of insertion
- Ensure cuffs are not over inflated
- Cuffs can be lacerated by broken teeth of dentures



Troubleshooting

- If placement is unsuccessful, remove tube, ventilate via BVM and repeat sequence
- If unsuccessful on second attempt, BLS airway management should be resumed.
- Most unsuccessful placements relate to failure to keep tube in midline during placement



Removal of King LTS-D

- Suction above cuff in the oral cavity, if needed
- FULLY deflate both cuffs before removal
- Remove the King LTS-D



Demonstration

QuickTime™ and a
decompressor
are needed to see this picture.