# KING AIRWAY  INSERTION
# EMMCO WEST ALS GUIDELINE

**Criteria:**

**A.** The King Airway is only indicated in unresponsive patients without a gag reflex. Indications include:
1. Unsuccessful attempts at endotracheal intubation. The number of attempts at endotracheal intubation will be at the discretion of the paramedic based on the ability to visualize the vocal cords, but will not exceed three attempts per patient before attempting to place the King Airway.
2. Limited access to patient's head prohibiting endotracheal intubation.
3. Potential cervical spine injury and inability to perform adequate direct visualization with neck in neutral position

**Exclusion Criteria:**

A. The King Airway should not be used on patients with the following conditions:
1. Conscious or unconscious with a gag reflex.
2. Known esophageal disease (for example, esophageal varices, cancer or stricture).
3. Caustic oral ingestion.
4. Patient less than 4 feet tall[1]

**Procedure:**

**A. All patients:**
1. Administer high flow oxygen and ventilate.
2. Select the correct size King Airway for the patient per manufacturer's specifications[1]
3. Check King Airway balloons for leaks.
4. Lift the patient's jaw and tongue with the non-dominant hand. Discontinue any cricoid pressure.
5. Hold the King Airway in the dominant hand and insert gently following the natural curve of the pharynx. Insert until the teeth are lined up with the indicator line.
6. Inflate the pilot balloon to the recommended amount by the manufacturer with air using the provided syringe.
7. Give initial ventilation while simultaneously confirming absence of gastric sounds. Then listen to confirm good bilateral breath sounds. Continue ventilating if gastric sounds are absent and breath sounds are good.
8. Confirm tube placement and ventilation using the Confirmation of Airway Placement Protocol – See protocol # 2032

**Notes:**
1. Services may use as an optional pediatric size or 2.5 King Airway when appropriate with appropriate training and supervision.