

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 1102

**SUBJECT: KING AIRWAY**

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**PURPOSE:**

To define the indications and use of the King Airway in the prehospital setting by Paramedic, Advanced EMT, or approved EMT personnel.

**AUTHORITY:**

Health and Safety Code 1797.220 and 1798

California Code of Regulations, Title 22, Division 9, Section 100169

**POLICY:**

Paramedic, Advanced EMT, or approved EMT personnel may use the King Airway as an option for advanced airway management.

**PROCEDURE:**

- A. **Indications:** Patients who require assisted ventilation and meet criteria for an advanced airway:
1. Cardiac arrest.
  2. Respiratory arrest or severe compromise AND unable to adequately ventilate with BVM.
  3. May be used as a primary airway or after one or more unsuccessful endotracheal intubation attempts (paramedic personnel only).
- B. **The following contraindications shall be observed:**
1. Conscious patients with a gag reflex.
  2. Patients under four (4) feet tall.
  3. Known cases of esophageal diseases, suspected ingestion of caustic substances or extensive airway burns.
  4. Laryngectomy with stoma.

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**Effective Date: 07/01/2010**  
**Next Review Date: 06/2013**  
**Approved:**

**Date last Reviewed / Revised: 06/10**  
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**S-SV EMS Regional Executive Director**

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**C. Placement:**

1. Select appropriate sized King Airway:
  - a. Size 3 – Patient between 4 and 5 feet tall (55 ml air)
  - b. Size 4 – Patient between 5 and 6 feet tall (70 ml air)
  - c. Size 5 – Patient over 6 feet tall (80 ml air)
2. Check King Airway cuffs to ensure patency. Deflate tube cuffs. Leave syringe attached. Lubricate the tip of the tube with water soluble lubricant.
3. Oxygenate with 100% oxygen.
4. Position the head. The ideal position is the “sniffing position”. A neutral position can also be used if trauma is suspected.
5. Hold the King Tube at the connector with the dominate hand.
6. With non-dominate hand, hold mouth open and apply chin lift.
7. Using a lateral approach, introduce tip into mouth.
8. 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.
9. Without exerting excessive force, advance tube until base of connector is aligned with teeth or gums.
10. Inflate cuffs based on size according to Section 1 above.
11. Attach bag-valve to King Airway. While gently bagging the patient to assess ventilation, withdraw the airway until ventilation is easy and free flowing.
12. Attach bag valve device and verify placement by **ALL** of the following:
  - a. Rise and fall of the chest
  - b. Bilateral breath sounds
  - c. Absent epigastric sounds
  - d. CO2 measurement (colorimetric capnography)
13. If there is any question about the proper placement of the King Airway, deflate the cuffs and remove the device, ventilate the patient with a BVM for 30 seconds and repeat.
14. Secure the tube with tape or commercial tube holder. Note depth marking on tube.

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15. Continue to monitor the patient for proper tube placement throughout prehospital treatment and transport.

**D. Troubleshooting:**

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

**E. Additional Information:**

1. Cuffs can be lacerated by broken teeth or dentures. Remove dentures before placing tube.
2. Do not force tube, as airway trauma can occur.

**F. Documentation:**

Document time of placement and results of tube placement checks performed throughout the resuscitation and transport.

**CROSS REFERENCES:**

Policy and Procedure Manual

EMT Scope of Practice, Reference No. 801  
Advanced EMT Scope of Practice, Reference No. 802  
Paramedic Scope of Practice, Reference No. 803  
Pulseless Arrest, Reference No. C-1  
Airway Obstruction, Reference No. R-1  
Respiratory Arrest, Reference No. R-2  
Shock / Non-Traumatic Hypovolemia, Reference No. M-2  
Ingestions and Overdoses, Reference No. M-5  
Altered Level of Consciousness, Reference No. N-1  
General Trauma Management, Reference No. T-1  
Burns: Thermal & Electrical, Reference No. T-10