PM	Dept	Date NOV 2011	Preceptor/Educator	Score

Northwest Community EMS System – King LT® Airway – Skills Checklist

Each step is worth 5 points, starred (*) steps are critical; if score <75% or critical steps missed – must re-test.

[] 1) Choose correct King LT size, based on patient height (3/yellow = 4-5'', 4/red = 5-6', 5/purple = >6').

[] 2) Test cuff by injecting 60 mL of air into cuffs.

[] 3) Remove all air from both cuffs prior to insertion.

[] 4) Note cuff minimum & maximum inflation volume - based on tube size (numbers on side of tube)

[] 5) Apply water-based lubricant to beveled distal tip and posterior aspect of tube.

[] 6) Hold King LT at connector with dominant hand.

[] 7) *With non-dominant hand: (a) hold mouth open & (b) apply chin & **TONGUE** lift (hold "like a bass").
NOTE: Use gauze 4x4 between thumb & tongue to prevent posterior slipping of tongue
- For spine immobilized: asst prevents head movement by placing thumbs on maxilla & hands around head.

[] 8) With King LT rotated laterally 45-90º (blue line touching corner of mouth), introduce tip in mouth and advance behind base of tongue. Never force tube into position.

[] 9) As tube tip passes under tongue, rotate tube back to midline (blue line faces chin).

[] 10) *Advance King LT deeply - until color adapter is aligned with teeth/gums.

[] 11) Let go of tube. If "bounce back" noted - tube probably incorrectly placed (in pyriform fossa). If bounce back occurs: remove tube.

[] 12) *Inflate cuffs with minimum inflation volume.

[] 13) *To assure full inflation - maintain pressure on plunger, until syringe removed from valve.

[] 14) Remove syringe from valve.

[] 15) Attach bag-valve device w/ capnography to tube.

1. Insert
2. Inflate
3. Ventilate
4. Withdraw
5. Confirm

[] 16) Assistant places stethoscope over mid-axillary line. (NOTE: listen over CHEST - BEFORE GASTRIC area)

[] 17) *While assistant is auscultating lungs, gently squeeze BVM and simultaneously slowly withdraw King LT airway until breath sounds heard and ventilation is easy/free flowing (large tidal volume w/ minimal airway pressure).

Confirm proper position by:
[] 18) Auscultation of bilateral breath sounds
[] 19) *EDD (use after cuff inflation, tube repositioning & auscultation)
[] 20) *CO_2 by capnography

[] 21) ASK: "*What would you do if breath sounds not able to be auscultated?*" (Remove tube & ventilate w/ BVM)

[] 22) ASK: *"What would you do if air leak heard/felt?"* (Add up to ~20 mL air to cuff.)

[] 23) Secure King LT to pt (keep tube midline in mouth) using tape. Do NOT cover proximal opening of gastric access lumen.

[] 24) ASK: *"Secretions from gastric access lumen, what will you do?"* (demo insertion of18 fr soft suction cath)

[] 25) Do NOT insert OPA – distal tip of OPA may put pressure on proximal pharyngeal cuff