

# King LTSD & Gastric Tubes

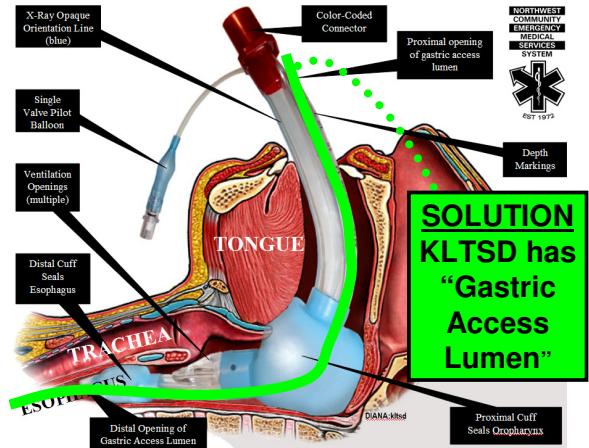
## Problem

### King LTSD

- Does not protect airway, from secretions, as well as ETT
- Pts should be preoxygenated prior to advanced airway, which often requires BVM use
- BVM ventilation may result in gastric distention.....
- 18 fr soft suction catheter is too short to reach the stomach



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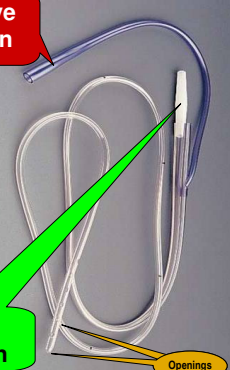
## Salem-Sump® Gastric Tube

### Dual Lumen Gastric Tube

Leave Open

1. Secondary lumen (blue pigtail, smaller) vents large lumen  
Open to atmosphere; allows air to be drawn in, which equalizes vacuum in the stomach and prevents suction openings from damaging stomach wall
2. Drainage lumen (larger): to suction stomach contents

Connect To Suction



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## Gastric Tube & KLTSD

### Indications - when KLTSD in place

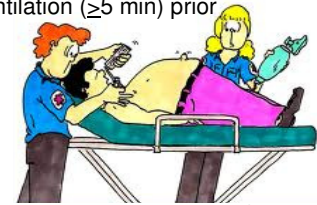
- Vomiting
- Gastric distention
- Prolonged BVM ventilation ( $\geq 5$  min) prior

### Contraindications

Same as KLTSD

### NOTE

Insert **AFTER** placement & verification of KLTSD



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## Procedure

1. Measure for insertion depth (Nose → Ear → Xyphoid)
2. Lubricate
3. Insert into proximal lumen & gently advance
  - If resistance felt – abort procedure
4. **IF concern about proper placement (NOT routine/required step)**
  - Attach capnography using ETT adapter (should have no persistent ETCO<sub>2</sub>)
  - Inject 60mL air & auscultate over epigastrium
  - Insert end into cup of water & observe for bubbling
5. Connect to suction
  - Continuous @ 30-40 mmHg
  - Intermittent up to 120 mmHg PRN



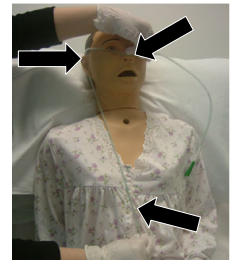
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## Gastric Tube & KLTSD

### How far to insert tube?

Measure from:

- tip of **Nose**
- around **Ear**
- down to **Xyphoid**



Measuring distance from nostril to tip of earlobe.



Measuring distance from earlobe to tip of xyphoid process.

please POST