G7. Blind Insertion Airway Device (BIAD)

Medical Director: Chad Torstenson, MD; Cory Vaudt, DO

Purpose

To guide the use and insertion of the King LT-D as a blind insertion airway device.

Indications

The KING LT-D® is an airway management tool for patients over 4 ft. in height and without controlled or spontaneous ventilation.

<table>
<thead>
<tr>
<th>Size</th>
<th>Description</th>
<th>Connector Color</th>
<th>Inflation Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>4-5 feet in height</td>
<td>Yellow</td>
<td>40-60 ml</td>
</tr>
<tr>
<td>4</td>
<td>5-6 feet in height</td>
<td>Red</td>
<td>60-80 ml</td>
</tr>
<tr>
<td>5</td>
<td>Greater than 6 feet in height</td>
<td>Purple</td>
<td>70-90 ml</td>
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Contraindications

Responsive patients with an intact gag reflex. Patients with known esophageal disease. Patients who have ingested caustic substances.

Other considerations

During transition to spontaneous ventilation, airway manipulations or other methods may be needed to maintain airway patency.

Procedure

1. Choose the correct sized King LT-D based on patient height.
2. Test cuff and inflation system for leaks by injecting the maximum recommended volume of air into the cuffs. Remove all air from both cuffs prior to insertion.
3. Apply lubricant to the beveled distal tip and posterior aspect of the tube, taking care to avoid introduction of lubricant in or near the ventilatory openings.
4. Position the head. The ideal head position for insertion is the “sniffing position.” However, the angle and shortness of the tube also allows it to be inserted with the head in a neutral position.
5. Hold the KING LT-D at the connector with dominant hand. With the non-dominant hand, hold mouth open and apply chin lift.
6. With the KING LT-D rotated laterally 45-90 degrees such that the blue orientation line is touching the corner of the mouth, introduce tip into mouth and advance behind base of tongue.
7. As tube tip passes under tongue, rotate tube back to midline.
8. Without exerting excessive force, advance tube until base of connector is aligned with teeth or gums.
9. Using the syringe provided, inflate the cuffs with the appropriate volume.
10. Attach resuscitator bag to KING LT-D. While gently bagging the patient to assess ventilation, simultaneously withdraw the KING LT-D until ventilation is easy.

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Original Adoption Date: 3/07
Past Protocol Updates: 9/10
Date of Most Recent Update: 6/2020
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<tr>
<td>11.</td>
<td>After KING LT-D placement, monitor the patient with ETCO2 to ensure proper ventilation and placement, also consider proper placement by auscultation, chest movement.</td>
</tr>
<tr>
<td>12.</td>
<td>Readjust cuff inflation to create seal.</td>
</tr>
<tr>
<td>13.</td>
<td>Secure tube with appropriated device or tape.</td>
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