	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8830.05
	PROGRAM DOCUMENT: **Supraglottic Intubation (King tube)**	Draft Date:	02/18/09
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EMS Medical Director

EMS Administrator

Purpose:

A. Supraglottic intubation skills guideline when using a King® tube.

Authority:

A. California Code of Regulations, Title 22, Division 9
B. California Health and Safety Code, Division 2.5

Indications:

A. Respiratory failure in an unconscious patient.
B. As per Respiratory Distress: Airway Managemnt ~~algorithm~~ Policy PD# 8020.

Contraindications:

A. Responsive patients with intact gag reflex.
B. Patients with known esophageal disease.
C. Ingestion of caustic substance.
D. Difficulty in advancing the King® tube due to resistance upon insertion attempt.
E. Presence of tracheostomy or stoma.
F. Burns involving the airway.
G. Patient height less than 4 feet.
H. Foreign body airway obstruction.

Relative Contraindications:

A. Anatomical disruption of the oropharynx.

Equipment:

A. Supraglottic Airway (King® tube)
B. 60cc syringe or larger
C. Suction catheter
D. Suction apparatus
E. End tidal CO2 detector
F. Bag Valve Mask (BVM) with oxygen source
G. Appropriate Personal Protective Equipment (PPE)

Procedure:

A. Inflate cuff to test for leaks.
B. Deflate cuff.
C. Lubricate King® tube with water-soluble lubricant.

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D. Ensure gag reflex is not intact.
E. Place patient's head in sniffing or neutral position. Maintain cervical spinal precautions if indicated.
F. With the King® tube rotated laterally 45-90o such that the blue orientation line is touching the corner of the mouth, introduce tip into mouth and advance behind base of the tongue. Never force the tube into position.
G. 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.
H. Advance tube until base of connector aligns with teeth or gums.
I. Fully inflate cuffs using maximum volume or pressure allowed in syringe.
J. Confirm placement by auscultating bilateral breath sounds and end tidal CO2 detector. Response to confirmation may be slower than endotracheal intubation.
K. Secure the tube using approved device and ventilate with a BVM and 100% oxygen.
L. The tube's position shall be reevaluated after moving the patient.
M. No medication is administrated through the supraglottic device.

Potential Complications:

A. Subcutaneous emphysema.
B. Perforated trachea or esophagus.
C. Retropharyngeal perforation.

Precautions and Special Considerations:

A. Emergency Removal:

~~Generally Paramedics will NOT remove the supraglottic airway device in the field~~. In situations where patient combativeness makes continued intubation with a supraglottic airway device dangerous, presence of a gag reflex or inadequate ventilation with King Tube®, the tube may be removed.

1. Have suction and BVM for assisted ventilations.
2. Position patient to minimize risk of aspiration.
3. Deflate cuff.
4. Remove tube
5. Suction and assist ventilations as necessary.

B. Airway Mangement:

The Paramedic is responsible for all airway management and must frequently reassess advanced airway placement. Bilateral breath sounds are to be checked after each move of the patient, e.g. placing patient on gurney, moving patient to ambulance, loading patient into ambulance and unloading patient at the hospital.