



King Supraglottic Airway

EMT-Basic

Advanced EMT

Paramedic

PROCEDURE

- Position patient's head in a neutral in-line position and attempt to ventilate while equipment is checked
- Select appropriate size airway
- Inflate cuffs to inspect integrity of device
- Apply lubricant to distal aspect of device
- Perform a tongue-jaw lift to open the airway
- Introduce device gently but firmly into the corner of the mouth and rotate towards the midline as device enters the posterior oropharynx
- Advance gently until resistance is met and inflate cuff with prescribed amount of air to secure airway
- Device may need gentle traction in order to seat itself after cuffs are inflated
- Attach BVM with capnography and assess for good waveform, lung sounds, chest rise, absence of epigastric sounds
- Secure device with commercial device and document EtCO₂ as well as depth of device
- Place OG tube in suction port if gastric distention is present (only if device is equipped with suction port)
- Secure device firmly with commercial device to prevent dislodgement**

REFERENCE GRAPHICS

Possible Causes:

- Leaky or deflated endotracheal or tracheostomy cuff
- Artificial airway is too small for the patient

KEY POINTS

- When inflating cuff, consider utilizing capnography waveform to indicate when an adequate seal is created so that device cuffs are not over inflated
- Airway status should be reassessed after each patient move including device depth, lung sounds, and EtCO₂
- Waveform capnography should be continued throughout patient care until termination/handoff of care