

KING LT-D™ AIRWAY - EMS INSTRUCTIONS FOR USE

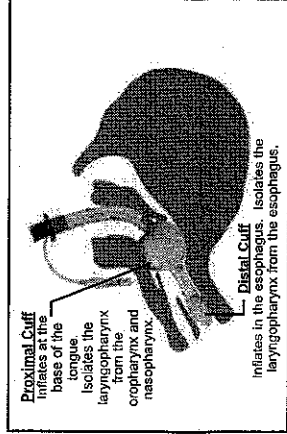
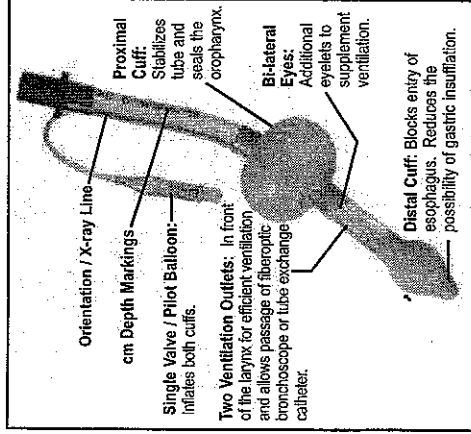
ENGLISH

Caution: Federal law restricts this device to sale by or on the order of a physician.

In order to use the KING LT-D safely, the user must first be familiar with the following instructions, cautions, and warnings.

DESCRIPTION

The KING LT-D is a sterile single use device intended for airway management. It consists of a curved tube with ventilation apertures located between two inflatable cuffs. Both cuffs are inflated using a single valve/pilot balloon. The distal cuff is designed to seal the esophagus, while the proximal cuff is intended to seal the oropharynx. Attached to the proximal end of the tube is a 15 mm connector for attachment to a standard breathing circuit or resuscitation bag. Sterilization is by ethylene oxide.



INDICATIONS FOR USE

The KING LT-D is intended for airway management in patients over 4 ft in height (122 cm) for controlled or spontaneous ventilation.

CONTRAINDICATIONS

The KING LT-D does not protect the airway from the effects of regurgitation and aspiration. The following contraindications are applicable for routine use of the KING LT-D:

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

WARNINGS

The user should be familiar with the following warnings when considering or attempting to use the KING LT-D:

- High airway pressures may divert gas either to the stomach or to the atmosphere.
- Intubation of the trachea cannot be ruled out as a potential complication of the insertion of the KING LT-D. After placement, perform standard checks for breath sounds and utilize an appropriate carbon dioxide monitor as required by hospital protocol.
- Lubricate only the posterior surface of the KING LT-D to avoid blockage of the aperture or aspiration of the lubricant.

CAUTIONS

The KING LT-D is supplied sterile and is not intended for re-use.

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

LATEX-FREE







The KING LT-D is 100% latex-free and should be considered safe to use on patients who are latex sensitive.

Size	Description	Connector Color	OD	ID	Inflation Volume
3	4-7 (122-175 cm) in height	Yellow	14 mm	10 mm	60-80 ml
4	5-6 feet (152-180 cm) in height	Red	14 mm	10 mm	60-80 ml
5	6-7 (180-200 cm) in height	Blue	14 mm	10 mm	70-90 ml

KING LT-D INSERTION INSTRUCTIONS

- Using the information provided, choose the correct KING LT-D size, based on patient height.
- Test cuff and inflation system for leaks by injecting the maximum recommended volume of air into the cuffs (size 3 - 60 ml; size 4 - 80 ml; size 5 - 90 ml). Remove all air from both cuffs prior to insertion.
- 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.
- Have a spare KING LT-D ready and prepared for immediate use.
- Pre-oxygenate, if possible.
- Position the head. The ideal head position for insertion of the KING LT-D 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.

- Hold the KING LT-D at the connector, with dominant hand. With non-dominant hand, hold mouth open and apply chin lift.
 - With the KING LT-D related laterally 45-90° such that the blue orientation line is touching the corner of the mouth, introduce tip into mouth and advance behind base of tongue.
 - As tube tip passes under tongue, rotate tube back to midline (blue orientation line faces chin).
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- Without exerting excessive force, advance tube until base of connector is aligned with teeth or gums.
 - Using the syringe provided, inflate the cuffs of the KING LT-D with the appropriate volume:
 - Size 3 50 ml
 - Size 4 70 ml
 - Size 5 80 ml
 - Attach resuscitator bag to the 15 mm connector of the KING LT-D. While gently bagging the patient to assess ventilation, simultaneously withdraw the KING LT-D until ventilation is easy and free flowing (large tidal volume with minimal airway pressure).
 - Depth markings are provided at the proximal end of the KING LT-D which refer to the distance from the distal ventilatory opening. When properly placed, with the distal tip and cuff in the upper esophagus, and the ventilatory openings aligned with the opening to the larynx, the depth markings give an indication of the distance, in centimeters, from the vocal cords to the teeth.
 - Confirm proper position by auscultation, chest movement and verification of CO₂ by capnography if available.
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15. Readjust cuff inflation to just seal volume (cuffs inflated with minimum volume necessary to seal the airway at the peak ventila-tory pressure employed).
16. Secure KING LT-D to patient using tape or other accepted means. A bite block can also be used, if desired.

REMOVAL OF THE KING LT-D

Once it is in the correct position, the KING LT-D is well tolerated until the return of protective reflexes. KING LT-D removal should always be car-ried out in an area where suction equip-ment and the ability for rapid intubations are present. For KING LT-D removal, completely deflate both cuffs.

NOTE: It may require more than one filling of the syringe to achieve complete evacuation of the KING LT-D cuffs.

USER TIPS

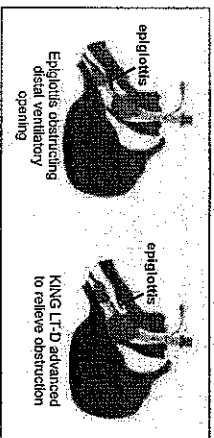
1. The key to insertion is to get the distal tip of KING LT-D around the corner in the posterior pharynx, under the base of the tongue. Experience has indicated that a lateral approach, in conjunction with a chin lift, facilitates placement of the KING LT-D. Alternatively, a laryngoscope or tongue depressor can be used to lift the tongue anteriorly to allow easy advancement of the KING LT-D into position.
2. Insertion can also be accomplished via a midline approach by applying a chin lift and sliding the distal tip along the palate and into position in the hypopharynx. In this instance, head extension may also be helpful.

3. As the KING LT-D is advanced around the corner in the posterior pharynx, it is impor-tant that the tip of the device is maintained at the midline. If the tip is placed or deflected laterally, it may enter into the piriform fossa and the tube will appear to bounce back upon full insertion and release. Keeping the tip at the midline assures that the distal tip is properly placed in the hypopharynx/upper esopha-gus.
4. Depth of insertion is key to providing a patent airway. Ventilatory openings of the KING LT-D must align with the laryngeal inlet for adequate oxygenation/ventilation to occur. Accordingly, the insertion depth should be adjusted to maximize ventila-tion. Experience has indicated that initially placing the KING LT-D deeper (base of connector is aligned with teeth or gums), inflating the cuffs and withdrawing until ventilation is optimized results in the best depth of insertion for the following rea-sons:

- It ensures that the distal tip has not been placed laterally in the piriform fossa (see item #3 above).
- With a deeper initial insertion, only with-drawal of the tube is required to realize a patent airway. A shallow insertion will require deflation of the cuffs to advance the tube farther (several added steps).
- As the KING LT-D is withdrawn, the initial ventilation opening exposed to/aligned with the laryngeal inlet is the proximal opening. Since this proximal opening is closest to and is partially surrounded by the proximal cuff, airway obstruction is less likely, especially when spontaneous venti-

- lation is employed.
- Withdrawal of the KING LT-D with the bal-loons inflated results in a retraction of tis-sue away from the laryngeal inlet, thereby encouraging a patent airway.

5. When the patient is allowed to breathe spontaneously, airway obstruction can occur even though no obstruction was detected during assisted or positive pres-sure ventilation. During spontaneous ven-tilation, the epiglottis or other tissue can be drawn into the distal ventilatory opening, resulting in obstruction. Advancing the KING LT-D 1-2 cm or initial deeper place-ment (see item #4 above) normally elimi-nates this obstruction.



6. Ensure that the cuffs are not over inflated. Especially if the KING LT-D is to be left in place for a period of time, cuffs should be inflated with the minimum volume neces-sary to seal the airway at the peak ventila-tory pressures employed (60 cm H₂O); if cuff pressure gauge is available. Removal of the KING LT-D is well tolerat-ed until the return of protective reflexes. For later removal, it may be helpful to remove some air from the cuffs to reduce the stimulus during wake-up.
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