

**7E SUPRAGLOTTIC AIRWAY**

**PATIENT CARE GOALS**

- To provide a patent airway for patients in which endotracheal intubation has failed or is not indicated.<sup>1</sup>

**EMT**

1. Don the appropriate personal protective equipment. Gloves and eye protection are the minimum required protection. Additionally, a facemask is required if there is a likelihood of encountering blood in the airway.

**AirQ**

2. Prepare the following equipment:
  - Appropriately sized AirQ (generally a 3.5 for women and 4.5 for men)<sup>2</sup>
  - Water based lubricant
  - Suction
  - In-line capnography
3. Pre-oxygenate the patient.
4. Lubricate the back of the AirQ and front ridges of mask cavity.
5. Perform a tongue-jaw lift and insert the AirQ into the mouth with the tip of the mask pointing down, toward the back of the patient's throat<sup>3</sup>.
6. Use a gentle, downward pressure to slide the device into position.
7. If the Air-Q becomes stuck during placement, slide a finger behind the mask and guide the mask around the curve of the tongue.
8. Check position of Air-Q to ensure correct sizing. Patient's incisors should be between the two horizontal marks on the Air-Q.



Properly sized and placed AirQ



Improperly sized and/or placed AirQ

9. Ventilate the patient and confirm placement by auscultating lung sounds, watching for chest rise, and looking for an appropriate capnography waveform.

# HEALTHEAST MEDICAL TRANSPORTATION MEDICAL OPERATIONS MANUAL

## King LT

2. While maintaining ventilation with OP airway and BVM, assemble the equipment to be used.
3. Choose correct size of airway based on patient's height.
  - a. #5 for over 6 feet
  - b. #4 for 5-6 ft
  - c. #3 for 4-5 ft
  - d. #2.5 for 41-51 inches or 25-35 kg (Only available in LT-D)
  - e. #2 for 35-45 inches or 12-25 kg (Only available in LT-D)
4. Test the cuff inflation system by injecting the maximum volume of air recommended into the cuff.
  - a. #5 LT-D 70-90 ml, LTS-D 60-80 ml
  - b. #4 LT-D 60-80 ml, LTS-D 50-70 ml
  - c. #3 LT-D 45-60 ml, LTS-D 40-55 ml
  - d. #2.5 LT-D 30-40 ml
  - e. #2 LT-D 25-35 ml
  - f. Remove all air from cuffs before inserting.
5. Apply a water based lubricant to the beveled distal tip and posterior aspect of the tube, taking care to avoid introduction of lubricant in or near the ventilation openings.
6. Remove potential airway obstructions such as dentures.
7. Pre-oxygenate the patient.
8. Place patient's head in neutral position. If unable to pass King LT-D place the head in a sniffing position by placing a pad under the head raising it approximately 2 inches.
9. Hold the King LT-D at the connector with the dominant hand. With the non-dominant hand, grasp the patients tongue and lower jaw and lift upward.
10. Rotate the airway laterally 45-90 degrees such that the blue orientation line is touching the corner of the mouth, introduce the tip into the mouth and advance behind the base of the tongue.
11. As the tube tip passes over the tongue, rotate the tube back to the midline so that the blue orientation line faces the patient's chin.
12. Without exerting excessive force, advance the airway until the base of the connector is aligned with the teeth or gums.
13. Use a syringe to inflate the cuff with the minimum volume necessary to seal the airway at peak ventilation pressure.
14. Gently ventilate the patient to assess compliance while simultaneously withdrawing the airway until ventilation is easy and free flowing.
15. Confirm proper position by auscultation, chest rise, and capnography.
16. If tube misplacement is suspected remove the airway and resume ventilation with BVM.
17. Readjust cuff inflation pressure to seal airway.

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18. Secure King LT-D to patient using commercial holder. Apply a C-collar to prevent head movement and tube dislodgment.

## DOCUMENTATION KEY POINTS

- Rationale for use of the Air-Q.
- Initial and on-going assessment of the patient's airway.
- Size of Air-Q inserted.
- Number of attempts, successes, and any complications encountered.

## NOTES

<sup>1</sup> A supraglottic airway should be considered the airway of choice for the crash intubation or as a rescue airway following failed attempts to place an endotracheal tube.

<sup>2</sup> AirQ Sizing Chart

Ideal Body Weight	AirQ Size
70-100 kg	4.5
50-70 kg	3.5
30-50 kg	2.5
17-30 kg	2.0
7-17 kg	1.5
4-7 kg	1.0
<4 kg	0.5

<sup>3</sup> A tongue blade may also be used to elevate the tongue and allow easier insertion of the Air-Q.