KING LT-D™ MILITARY Quick Reference Insert

*Refer to full IFU for detailed information and user tips.



1.888.689.6277 www.NARescue.com



1. Apply chin lift, if not contraindicated by Cspine precautions or patient position, and introduce KING LT-D into corner of mouth. with blue orientation line facing laterally.



2. Advance tip under base of tongue, while rotating tube back to midline.





3. Without exerting excessive force, advance tube until base of connector is aligned with teeth or gums.



4. Inflate cuffs using the maximum volume of the syringe provided.



5. Attach resuscitator bag. While gently bagging, simultaneously withdraw the airway until ventilation is easy and free flowing (large tidal volume with minimal airway pressure).



6. If necessary, add additional volume to cuff to maximize seal of the airway.

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NORTH AMERICAN RESCUET

35 Tedwall Ct. • Greer, SC 29650

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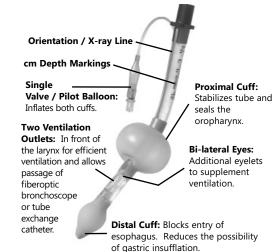
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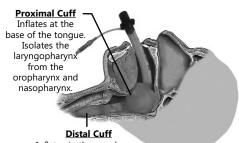


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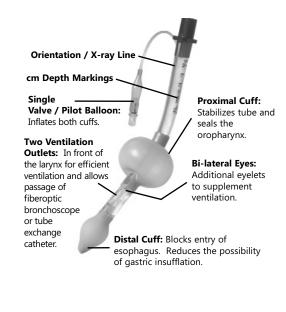


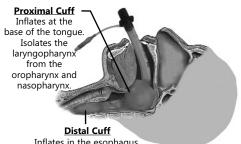
Inflates in the esophagus. Isolates the laryngopharynx from the esophagus.

/					
l	Size	Product	Patient Criteria	Connector Color	Inflation Volumes
	3	KLTD	4-5 ft (122-155 cm)	Yellow	45-60 ml
	4	KLTD	5-6 ft (155-180 cm)	Red	60-80 ml
	5	KLTD	greater than 6 ft	Purple	70-90 ml

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Inflates in the esophagus. Isolates the laryngopharynx from the esophagus.

	SIZING INFORMATION				
Size	Product	Patient Criteria	Connector Color	Inflation Volumes	
3	KLTD	4-5 ft (122-155 cm)	Yellow	45-60 ml	
4	KLTD	5-6 ft (155-180 cm)	Red	60-80 ml	
5	KLTD	greater than 6 ft (>180 cm)	Purple	70-90 ml	

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Two Ventilation Outlets: In front of the larynx for efficient ventilation and allows passage of fiberoptic bronchoscope or tube exchange

catheter.

Bi-lateral Eyes: Additional eyelets to supplement

ventilation.

Distal Cuff: Blocks entry of esophagus. Reduces the possibility of gastric insufflation.



Inflates in the esophagus. Isolates the laryngopharynx from the esophagus.

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