Superior Positive Pressure Ventilation and Spontaneous Breathing

KING LT(S)-D

- Positive pressure ventilation over 30 cm H2O
- Anatomically shaped distal tip and cuff.
- Disposable and latex-free.
- Allows passage of 18 Fr gastric tube through separate channel (KING LTS-D only).

**PRODUCT INFORMATION**

<table>
<thead>
<tr>
<th>Product</th>
<th>Size 2</th>
<th>Size 3</th>
<th>Size 4</th>
<th>Size 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>KING LTS-D</td>
<td>LT202</td>
<td>LT302</td>
<td>LT402</td>
<td>LT502</td>
</tr>
<tr>
<td>KING LSTD</td>
<td>n/a</td>
<td>n/a</td>
<td>LSTD405</td>
<td>LSTD405</td>
</tr>
</tbody>
</table>

**SIZING INFORMATION**

<table>
<thead>
<tr>
<th>Size</th>
<th>Color</th>
<th>cuff Pressure</th>
<th>O.D./I.D.*</th>
<th>cuff Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Green</td>
<td>60 cm H2O</td>
<td>11 mm/7.5 mm</td>
<td>25-35 ml</td>
</tr>
<tr>
<td>2.5</td>
<td>Orange</td>
<td>60 cm H2O</td>
<td>14 mm/10 mm</td>
<td>30-40 ml</td>
</tr>
<tr>
<td>3</td>
<td>Yellow</td>
<td>60 cm H2O</td>
<td>14 mm/10 mm</td>
<td>45-60 ml</td>
</tr>
<tr>
<td>4</td>
<td>Red</td>
<td>60 cm H2O</td>
<td>18 mm/10 mm</td>
<td>60-80 ml</td>
</tr>
<tr>
<td>5</td>
<td>Purple</td>
<td>60 cm H2O</td>
<td>18 mm/10 mm</td>
<td>70-90 ml</td>
</tr>
</tbody>
</table>

KING LT(S)-D is not available in size 2 and 2.5.

KING LTS-D™ and KING LT-D™ Disposable Supralaryngeal Airways

KING SYSTEMS
15011 Herriman Blvd., Noblesville, IN 46060
317-776-6823
800-642-KING (5464)
Fax 317-776-6827
kingsystems@kingsystems.com
www.kingsystems.com

Relentless Innovation. Compassionate Solutions.
The KING LT(S)-D Supralaryngeal Airways

**KING LT-D**

- Positive pressure ventilation over 30 cm H₂O.
- Anatomically shaped distal tip and cuff.
- Disposable and latex-free.
- Allows passage of 18 Fr gastric tube through separate channel (KING LTS-D only).

**KING LTS-D**

PRODUCT INFORMATION

<table>
<thead>
<tr>
<th>Product</th>
<th>Size 2</th>
<th>Size 2.5</th>
<th>Size 3</th>
<th>Size 4</th>
<th>Size 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLTD</td>
<td>n/a</td>
<td>n/a</td>
<td>KLTD203</td>
<td>KLTD204</td>
<td>KLTD205</td>
</tr>
<tr>
<td>KLTD202</td>
<td>n/a</td>
<td>n/a</td>
<td>KLTD203</td>
<td>KLTD204</td>
<td>KLTD205</td>
</tr>
</tbody>
</table>

SIZING INFORMATION

<table>
<thead>
<tr>
<th>Size</th>
<th>Red</th>
<th>Purple</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>60 cm H₂O</td>
<td>60 cm H₂O</td>
</tr>
<tr>
<td>2.5</td>
<td>60 cm H₂O</td>
<td>60 cm H₂O</td>
</tr>
<tr>
<td>3</td>
<td>60 cm H₂O</td>
<td>60 cm H₂O</td>
</tr>
<tr>
<td>4</td>
<td>60 cm H₂O</td>
<td>60 cm H₂O</td>
</tr>
<tr>
<td>5</td>
<td>60 cm H₂O</td>
<td>60 cm H₂O</td>
</tr>
</tbody>
</table>

**KLTD**

- Maximum Size Fiberoptic Bronchoscope: 7.0 mm O.D. (size 3, 4, 5) and 4.7 (size 2, 2.5); Minimum Size Exchange Catheter: 10 Fr.

**KLTD2**

- Maximum Size Tube Exchange Catheter: 10 Fr; Maximum Size Fiberoptic Bronchoscope: 8 mm O.D.; Minimum Mouth Opening: 20 mm.

**KING LTS-D**: is not available in size 2 and 2.5.

**KING LT-D**: Ventilation Lumen is not round, but is equivalent to a 10 mm H₂O tube. Maximum Size Exchange Catheter: 10 Fr; Maximum Size Fiberoptic Bronchoscope: 8 mm O.D.; Minimum Mouth Opening: 20 mm.

**KING LT-S-D**: Maximum Size Fiberoptic Bronchoscope: 6 mm O.D.; Minimum Mouth Opening: 20 mm.

**KING LT-D™** and **KING LT-D™ Disposable Supralaryngeal Airways**
The **KING LT(S)-D** provides **versatility** in patient care.

The design of the **KING LT(S)-D** also offers:

- Soft and conforming cuffs that disperse pressure over the largest surface area possible, which stabilizes the airway device at the base of the tongue.
- A low incidence of gastric insufflation.
- Ease of insertion, with minimal movement of the head.
- Safety for your latex-sensitive patients.
- A low incidence of blood upon removal.
- A low incidence of post-operative sore throat.

**Steps for inserting the **KING LT(S)-D**:**

**STEP 1:** Hold the **KING LT(S)-D** at the connector with dominant hand. With non-dominant hand, hold mouth open and apply chin lift, unless contraindicated by C-spine precautions or patient position. Using a lateral approach, introduce tip into corner of mouth.

**STEP 2:** 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.

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

**STEP 4:** Inflate cuffs to 60 cm H2O or to “just seal” volume. Typical inflation volumes are as follows:

- **KING LT-D**:
  - Size #2, 25-35 ml
  - Size #2.5, 30-40 ml
  - Size #3, 45-60 ml
  - Size #4, 60-80 ml
  - Size #5, 70-90 ml

- **KING LTS-D**:
  - Size #3, 40-55 ml
  - Size #4, 50-70 ml
  - Size #5, 60-80 ml

**STEP 5:** Attach the breathing circuit/resuscitator bag to the **KING LT(S)-D**. While gently bagging the patient to assess ventilation, withdraw the **KING LT(S)-D** until ventilation is easy and free flowing (large tidal volume with minimal airway pressure).

**STEP 6:** If necessary, add additional volume to cuffs to maximize seal of the airway.

**STEP 7:** When utilizing the **KING LTS-D**’s gastric access lumen: Lubricate gastric tube (up to an 18 Fr) prior to inserting into **KLT(S)-D**’s gastric access lumen.
The **KING LT(S)-D** provides **versatility** in patient care.

The design of the **KING LT(S)-D** also offers:
- Soft and conforming cuffs that disperse pressure over the largest surface area possible, which stabilizes the airway device at the base of the tongue.
- A low incidence of gastric insufflation.
- Ease of insertion, with minimal movement of the head.
- Safety for your latex-sensitive patients.
- A low incidence of blood upon removal.
- A low incidence of post-operative sore throat.

The ability to provide positive pressure ventilation over 30 cm H2O and spontaneous breathing maximizes the **KING LT(S)-D**'s versatility as a superior airway management tool.

**Steps for inserting the KING LT(S)-D**

**STEP 1:** Hold the KING LT(S)-D at the connector with dominant hand. With non-dominant hand, hold mouth open and apply chin lift, unless contraindicated by C-spine precautions or patient position. Using a lateral approach, introduce tip into corner of mouth.

**STEP 2:** 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.

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

**STEP 4:** Inflate cuffs to 60 cm H2O or to “just seal” volume. Typical inflation volumes are as follows:
- **KING LT-D:** Size #2, 25-35 ml; Size #2.5, 30-40 ml; Size #3, 45-60 ml; Size #4, 60-80 ml; Size #5, 70-90 ml.
- **KING LTS-D:** Size #3, 40-55 ml; Size #4, 50-70 ml; Size #5, 60-80 ml.

**STEP 5:** Attach the breathing circuit/resuscitator bag to the KING LT(S)-D. While gently bagging the patient to assess ventilation, withdraw the KING LT(S)-D until ventilation is easy and free flowing (large tidal volume with minimal airway pressure).

**STEP 6:** If necessary, add additional volume to cuffs to maximize seal of the airway.

**STEP 7:** When utilizing the KING LTS-D’s gastric access lumen: Lubricate gastric tube (up to an 18 Fr) prior to inserting into KLTSD’s gastric access lumen.
The **KING LT(S)-D** provides **versatility** in patient care

The ability to provide **positive pressure ventilation** over 30 cm H2O and **spontaneous breathing** maximizes the **KING LT(S)-D**'s **versatility** as a superior **airway management** tool.

The design of the **KING LT(S)-D** also offers:

- Soft and conforming cuffs that disperse pressure over the largest surface area possible, which stabilizes the airway device at the base of the tongue.
- A low incidence of gastric insufflation.
- Ease of insertion, with minimal movement of the head.
- Safety for your latex-sensitive patients.
- A low incidence of blood upon removal.
- A low incidence of post-operative sore throat.

**Steps for inserting the KING LT(S)-D**

**STEP 1:**
Hold the KING LT(S)-D at the connector with dominant hand. With non-dominant hand, hold mouth open and apply chin lift, unless contraindicated by C-spine precautions or patient position. Using a lateral approach, introduce tip into corner of mouth.

**STEP 2:**
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.

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

**STEP 4:**
Inflate cuffs to 60 cm H2O or to “just seal” volume. Typical inflation volumes are as follows:
- KING L T-D: Size #2, 25-35 ml; Size #2.5, 30-40 ml; Size #3, 45-60 ml; Size #4, 60-80 ml; Size #5, 70-90 ml.
- KING LTS-D: Size #3, 40-55 ml; Size #4, 50-70 ml; Size #5, 60-80 ml.

**STEP 5:**
Attach the breathing circuit/resuscitator bag to the KING LT(S)-D. While gently bagging the patient to assess ventilation, withdraw the KING LT(S)-D until ventilation is easy and free flowing (large tidal volume with minimal airway pressure).

**STEP 6:**
If necessary, add additional volume to cuffs to maximize seal of the airway.

**STEP 7:**
When utilizing the **KING LTS-D**'s gastric access lumen: Lubricate gastric tube (up to an 18 Fr) prior to inserting into KLTD’s gastric access lumen.
The **KING LT(S)-D**

**Superior Positive Pressure Ventilation** and
**Spontaneous Breathing**

**KING LT-D**

- Positive pressure ventilation over 30 cm H2O
- Anatomically shaped distal tip and cuff.
- Disposable and latex-free.
- Allows passage of 18 Fr gastric tube through separate channel (KING LTS-D only).

**KING LTS-D**

**PRODUCT INFORMATION**

<table>
<thead>
<tr>
<th>Product</th>
<th>Size 2</th>
<th>Size 2.5</th>
<th>Size 3</th>
<th>Size 4</th>
<th>Size 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLTD</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>KLTSD</td>
<td>n/a</td>
<td>n/a</td>
<td>KLTSD03</td>
<td>KLTSD04</td>
<td>KLTSD05</td>
</tr>
</tbody>
</table>

**SIZING INFORMATION**

<table>
<thead>
<tr>
<th>Size</th>
<th>Color</th>
<th>Cuff Pressure</th>
<th>O.D./I.D.</th>
<th>Cuff Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Green</td>
<td>60 cm H2O</td>
<td>11 mm/7.5 mm</td>
<td>25-35 ml</td>
</tr>
<tr>
<td>2.5</td>
<td>Orange</td>
<td>60 cm H2O</td>
<td>11 mm/7.5 mm</td>
<td>30-40 ml</td>
</tr>
<tr>
<td>3</td>
<td>Yellow</td>
<td>60 cm H2O</td>
<td>14 mm/10 mm</td>
<td>45-60 ml</td>
</tr>
<tr>
<td>4</td>
<td>Red</td>
<td>60 cm H2O</td>
<td>18 mm/10 mm</td>
<td>60-80 ml</td>
</tr>
<tr>
<td>5</td>
<td>Purple</td>
<td>60 cm H2O</td>
<td>18 mm/10 mm</td>
<td>60-80 ml</td>
</tr>
</tbody>
</table>

**KLTD**

- Maximum Size Fiberoptic Bronchoscope: 7.0 mm O.D. (size 3, 4, 5); Minimum Size Fiberoptic Bronchoscope: 4.7 mm O.D. (size 2, 2.5).
- Maximum Size Tube Exchange Catheter: 19 Fr (size 3, 4, 5) and 14 Fr (size 2, 2.5).
- Minimum Mouth Opening: 16 mm (size 3, 4, 5); 12 mm (size 2, 2.5).

**KLTSD**

- Ventilation Lumen is not round, but is equivalent to a 10 mm I.D. tube.
- Maximum Size Tube Exchange Catheter: 10 Fr. Maximum Size Fiberoptic Bronchoscope: 4 mm O.D.; Minimum Mouth Opening: 20 mm.

**KING LTS-D is not available in size 2 and 2.5.**

**PRODUCT INFORMATION**

<table>
<thead>
<tr>
<th>ITEM #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLT 900</td>
<td>Cuff Pressure Gauge</td>
</tr>
</tbody>
</table>

**Cuff Pressure Gauge**

**ITEM # ALT 900**

**KING SYSTEMS**

13211 Hammers Blvd., Noblesville, IN 46060

1-800-642-KING (5464) | 317-776-6823

kingsystems@kingsystems.com | www.kingsystems.com

CAUTION: Indicated where the device is to be used in the care of patients.

KING LT-D is a registered trademark and KING LTS-D™ and KING LT-D™ are trademarks of King Systems. U.S. Patent: 5,819,733. © 2008 King Systems.