1. Apply chin lift, if not contraindicated by C-spine precautions or patient position, and introduce KING LTS-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). If remote ventilation is needed, use the flexible extension tubing to connect the KING LTS-D to the resuscitator bag.

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

7. For gastric access, note the length of gastric tube to be inserted using the black marks as references. Remove gastric diverter then lubricate the gastric tube prior to inserting it to the notated depth. Confirm placement in stomach. Use the least amount of suction that effectively decompresses the stomach.

- OVER -
### SIZING INFORMATION

**KING LTS-D:** For size 3, 4, and 5 the OD is 18 mm and the ID of the proximal cuff is 10 mm.

**Gastric Tube Size:**
- Greater than 6 ft: 60-80 ml
- Between 5-6 ft (122-155 cm): 50-70 ml
- Between 4-5 ft (155-180 cm): 40-55 ml
- Less than 4 ft (>180 cm): 30-45 ml

**Volumes & Criteria:**
- Inflates at the base of the tongue. Isolates the laryngopharynx from the oropharynx and nasopharynx.
- Inflates in the esophagus. Isolates the laryngopharynx from the esophagus.
- Further information and tips are available in the full IFU.