1. Apply chin lift, if not contraindicated by C-spine 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 mid-line.

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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<th>Size</th>
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<td>3</td>
<td>KLTD</td>
<td>4-5 ft (122-155 cm)</td>
<td>Yellow</td>
<td>45-60 ml</td>
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**Proximal Cuff**
- Inflates at the base of the tongue.
- Stabilizes the laryngopharynx from the oropharynx and nasopharynx.

**Distal Cuff**
- Inflates in the esophagus.
- Isolates the laryngopharynx from the esophagus.

**Orientation / X-ray Line**
- cm Depth Markings

**Single Valve / Pilot Balloon:**
- Inflates both cuffs.

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

**Proximal Cuff:**
- Stabilizes tube and seals the oropharynx.

**Bi-lateral Eyes:**
- Additional eyelets to supplement ventilation.

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

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