KING LT(S)-D SIZING INFORMATION

<table>
<thead>
<tr>
<th>Size</th>
<th>Connectors/Coupler</th>
<th>Cuff Pressure</th>
<th>Product Code</th>
<th>Maximum Inflation Volumes</th>
<th>Patient Size</th>
<th>Size Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Green/Orange</td>
<td>60 cm H₂O</td>
<td>KLTD202</td>
<td>4 ml</td>
<td>Up to 5 kg</td>
<td>Neonatal</td>
</tr>
<tr>
<td>2.5</td>
<td>Orange/Yellow</td>
<td>60 cm H₂O</td>
<td>KLTD2025</td>
<td>7 ml</td>
<td>5 - 10 kg</td>
<td>Neonatal - Infant</td>
</tr>
<tr>
<td>3</td>
<td>Orange/Yellow</td>
<td>60 cm H₂O</td>
<td>KLTD203</td>
<td>10 ml</td>
<td>10 - 20 kg</td>
<td>Infant</td>
</tr>
<tr>
<td>4</td>
<td>Orange/Red</td>
<td>60 cm H₂O</td>
<td>KLTD204</td>
<td>20 ml</td>
<td>20 - 30 kg</td>
<td>Infant - Child</td>
</tr>
<tr>
<td>5</td>
<td>Orange/Purple</td>
<td>60 cm H₂O</td>
<td>KLTD205</td>
<td>30 ml</td>
<td>&gt; 30 kg</td>
<td>Adult</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Adult</td>
</tr>
</tbody>
</table>

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

KLTD: Maximum Size Fiberoptic Bronchoscope: 7.0 mm O.D. (size 3, 4, 5) and 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) and 12 mm (size 2, 2.5)

KLTSD: Maximum Size Fiberoptic Bronchoscope: 6 mm OD; Maximum Size Tube Exchange Catheter: 19 Fr; Minimum Mouth Opening: 20 mm

Cuff Pressure Gauge
KING LT® Disposable Supralaryngeal Airways

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 SIZING INFORMATION

<table>
<thead>
<tr>
<th>Size</th>
<th>Connection Cone</th>
<th>Patient</th>
<th>Cuff Pressure (cm H2O)</th>
<th>O.D./I.D. (mm)</th>
<th>Cuff Volume (ml)</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Green</td>
<td>35-45 in</td>
<td>60</td>
<td>11/7.5</td>
<td>25-35</td>
</tr>
<tr>
<td>2.5</td>
<td>Orange</td>
<td>45-55 in</td>
<td>60</td>
<td>11/7.5</td>
<td>30-40</td>
</tr>
<tr>
<td>3</td>
<td>Yellow</td>
<td>45-55 in</td>
<td>60</td>
<td>14/10</td>
<td>40-55</td>
</tr>
<tr>
<td>4</td>
<td>Red</td>
<td>45-55 in</td>
<td>60</td>
<td>14/10</td>
<td>50-70</td>
</tr>
<tr>
<td>5</td>
<td>Purple</td>
<td>45-55 in</td>
<td>60</td>
<td>14/10</td>
<td>60-80</td>
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</tbody>
</table>

**KING LTS-D**

### KING LTS-D PRODUCT INFORMATION

<table>
<thead>
<tr>
<th>Size</th>
<th>Product Code</th>
<th>Maximum Inflation Volumes</th>
<th>Patient Size</th>
<th>Size Guidance</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>KLT202</td>
<td>4 ml</td>
<td>Up to 5 kg</td>
<td>Neonatal</td>
</tr>
<tr>
<td>2.5</td>
<td>KLT2025</td>
<td>7 ml</td>
<td>5 - 10 kg</td>
<td>Neonatal - Infant</td>
</tr>
<tr>
<td>3</td>
<td>KLT303</td>
<td>10 ml</td>
<td>10 - 20 kg</td>
<td>Infant</td>
</tr>
<tr>
<td>4</td>
<td>KLT404</td>
<td>14 ml</td>
<td>20 - 30 kg</td>
<td>Infant - Child</td>
</tr>
<tr>
<td>5</td>
<td>KLT505</td>
<td>20 ml</td>
<td>30 - 50 kg</td>
<td>Child</td>
</tr>
<tr>
<td>6</td>
<td>LAD506</td>
<td>30 ml</td>
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</tr>
<tr>
<td>7</td>
<td>LAD607</td>
<td>40 ml</td>
<td>&gt; 70 kg</td>
<td>Adult</td>
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</tbody>
</table>

**KING LT(S)-D**

### KING LT(S)-D PRODUCT INFORMATION

<table>
<thead>
<tr>
<th>Size</th>
<th>Product Code</th>
<th>Maximum Inflation Volumes</th>
<th>Patient Size</th>
<th>Size Guidance</th>
</tr>
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<tbody>
<tr>
<td>2</td>
<td>LAD-301</td>
<td>4 ml</td>
<td>Up to 5 kg</td>
<td>Neonatal</td>
</tr>
<tr>
<td>2.5</td>
<td>LAD-3015</td>
<td>7 ml</td>
<td>5 - 10 kg</td>
<td>Neonatal - Infant</td>
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<tr>
<td>3</td>
<td>LAD-303</td>
<td>10 ml</td>
<td>10 - 20 kg</td>
<td>Infant</td>
</tr>
<tr>
<td>4</td>
<td>LAD-304</td>
<td>14 ml</td>
<td>20 - 30 kg</td>
<td>Infant - Child</td>
</tr>
<tr>
<td>5</td>
<td>LAD-305</td>
<td>20 ml</td>
<td>30 - 50 kg</td>
<td>Child</td>
</tr>
<tr>
<td>6</td>
<td>LAD-306</td>
<td>30 ml</td>
<td>50 - 70 kg</td>
<td>Adult</td>
</tr>
<tr>
<td>7</td>
<td>LAD-307</td>
<td>40 ml</td>
<td>&gt; 70 kg</td>
<td>Adult</td>
</tr>
</tbody>
</table>
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

**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 larynx-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**: Size #2, 25-35 ml; Size #2.5, 30-40 ml; Size #3, 45-60 ml; Size #4, 55-80 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 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 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** **versatility** as a superior

**airway management** tool.

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- Ease of insertion, with minimal movement of the head.
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**Steps for inserting the KING LT(S)-D**

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- **KING LT(S)-D**: Size #2, 25-35 ml; Size #2.5, 30-40 ml; Size #3, 45-60 ml; Size #4, 50-70 ml; Size #5, 70-90 ml.

**STEP 5:** Attach the breathing circuit/resuscitator bag to the **KING LT(S)-D**. If necessary, add additional volume to cuffs to maximize seal of the airway.

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

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

**KING LTS-D**

- **Gastric Access Lumen (KING LTS-D)**: Cured double lumen tube with access to the stomach.
- Allows passage of up to 18 Fr standard gastric tube.
- **Stabilizer Cuff**: As easy gauge to indicate the depth of insertion.
- **Single Valve Pilot Balloon**: A single lumen that fills both cuffs simultaneously.
- **Visual sign when all of the air has been evacuated from the airway device.** The collapse of the pilot balloon indicates that it is safe to remove the KING LT(S)-D from the patient.

**KING LT**(S)-D

- **Soft & pliable disposable airways.**
- **100% Latex-free.**
- **A self-positioning airway at the esophageal inlet.**
- **The ability to insert without the use of additional instruments.**
- **A single lumen that fills both cuffs simultaneously.**
- **A visual sign when all of the air has been evacuated from the airway device.** The collapse of the pilot balloon indicates that it is safe to remove the KING LT(S)-D from the patient.
- **A soft, comfortable seal.**
- **Stabilization at the base of the tongue.**
- **Seals the nasopharynx and oropharynx.**
- **A high volume, low pressure cuff.**
- **Efficient ventilation with positioning in front of the larynx.**
- **The ability to introduce a tube exchange catheter or fiber-optic bronchoscope.**
- **Lateral eyelets provide additional ventilation capability.**
- **A reduced possibility of gastric insufflation.**
- **A high volume, low pressure cuff.**

**KING LAD**

- **Color Coded Connector**: Shorter tube length and patented “S-shape.”
- **A self-positioning array at the epiglottic level.**
- **The ability to insert without the use of additional instruments.**

**KING LT**(S)-D

- **Soft & pliable disposable airways.**
- **100% Latex-free.**
- **A self-positioning airway at the esophageal inlet.**
- **The ability to insert without the use of additional instruments.**

**KING LAD**

The Silicone and Flexible KING LAD devices, alternatives to the KING LT(S)-D for compliant control of the airway, are single use and available in a variety of sizes.

For more information regarding airway management systems, speak to your local King Systems representative.
**KING LT(S)-D**

**Features**
- 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 soft, comfortable seal.
- Stabilization at the base of the tongue.
- Seals the nasopharynx and oropharynx.
- A high volume, low pressure cuff.

**Inflation Volumes**
- Size #2: 25-35 ml; Size #2.5: 30-40 ml; Size #3: 40-50 ml
- Size #4: 60-80 ml; Size #5: 70-90 ml

**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.

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- **KING LT:** Size #2: 25-35 ml; Size #2.5: 30-40 ml; Size #3: 45-60 ml; Size #4: 65-80 ml; Size #5: 70-90 ml
- **KING LT(S)-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 KLT(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 LT(S)-D’s gastric access lumen: Lubricate gastric tube (up to an 18 Fr) prior to inserting into KLTSD’s gastric access lumen.

**KING LT(S)-D**

**The ability to provide**
- Positive pressure ventilation over 30 cm H2O and spontaneous breathing maximizes the KING LT(S)-D™ 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.

**KING LT(S)-D**

**Provides versatility in patient care**

**KING LT(S)-D**

**Enhances reliability**

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

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KING LT(S)-D™ PRODUCT INFORMATION

<table>
<thead>
<tr>
<th>Size</th>
<th>Product Code</th>
<th>Maximum Inflation Volumes</th>
<th>Patient Size</th>
<th>Size Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LAD-301</td>
<td>4 ml</td>
<td>Up to 5 kg</td>
<td>Neonatal</td>
</tr>
<tr>
<td>1.5</td>
<td>LAD-3015</td>
<td>7 ml</td>
<td>5 - 10 kg</td>
<td>Infant - Neonatal</td>
</tr>
<tr>
<td>2</td>
<td>LAD-302</td>
<td>10 ml</td>
<td>10 - 20 kg</td>
<td>Infant - Child</td>
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<tr>
<td>2.5</td>
<td>LAD-3025</td>
<td>14 ml</td>
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<td>Child</td>
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<td>3</td>
<td>LAD-303</td>
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<td>30 - 50 kg</td>
<td>Child</td>
</tr>
<tr>
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<td>LAD-304</td>
<td>30 ml</td>
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<tr>
<td>5</td>
<td>LAD-305</td>
<td>40 ml</td>
<td>&gt; 70 kg</td>
<td>Adult</td>
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KING LT(S)-D™ DISIZING INFORMATION

<table>
<thead>
<tr>
<th>Size</th>
<th>Product Code</th>
<th>Cuff Pressure</th>
<th>Connectors</th>
<th>Patient</th>
<th>Cuff Volume</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>LAD-301</td>
<td>60 cm H2O</td>
<td>n/a</td>
<td>25-35 ml</td>
<td>25-35 ml</td>
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<tr>
<td>1.5</td>
<td>LAD-3015</td>
<td>60 cm H2O</td>
<td>n/a</td>
<td>30-40 ml</td>
<td>30-40 ml</td>
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<td>LAD-302</td>
<td>60 cm H2O</td>
<td>n/a</td>
<td>45-60 ml</td>
<td>45-60 ml</td>
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<td>2.5</td>
<td>LAD-3025</td>
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<td>60-80 ml</td>
<td>60-80 ml</td>
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<tr>
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<td>LAD-303</td>
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<td>70-90 ml</td>
<td>70-90 ml</td>
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<tr>
<td>4</td>
<td>LAD-304</td>
<td>60 cm H2O</td>
<td>n/a</td>
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<tr>
<td>5</td>
<td>LAD-305</td>
<td>60 cm H2O</td>
<td>n/a</td>
<td>&gt; 110 ml</td>
<td>&gt; 110 ml</td>
</tr>
</tbody>
</table>

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).

PLFM-05, LIT-06

KING SYSTEMS

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kingsystems@kingsystems.com / www.kingsystems.com

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

Relentless Innovation. Compassionate Solutions.

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CAUTION:  Federal law restricts this device to sale by or on the order of a physician.