



# King LT Airway

## Usage Report Form

**Instructions:** Complete one report for each patient when a King LT airway is used. Fax the report to the CSEMS Council at 540-886-3735.

<i>Date of Call</i>	<i>EMS Agency</i>
<i>Level of Provider Performing Skill</i> <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Enhanced <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT-Paramedic <input type="checkbox"/> Other	
Number of Attempts <input type="text"/>	Number of Successes <input type="text"/>
<i>Airway size used</i> <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<i>Airway model used</i> <input type="checkbox"/> LT-D <input type="checkbox"/> LTS-D
<i>Patient Disposition</i> <input type="checkbox"/> Breathing at transfer of care <input type="checkbox"/> Respiratory arrest at transfer of care <input type="checkbox"/> Cardiac arrest at transfer of care <input type="checkbox"/> Expired on-scene	
<i>Did you encounter any problems using the airway?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please explain below.	
<i>Explain</i>	
<i>Name</i>	<i>Telephone Number</i>

**Fax to the CSEMS Council**

**540-886-3735**

*Central Shenandoah EMS Council*

*2312 W. Beverley St. • Staunton, VA 24401 • 540.886.3676*