



## Blind Insertion Airway Device (BIAD): King

**Clinical Indications for Blind Insertion Airway Device (BIAD) Use:** Inability to adequately ventilate a patient with a Bag Valve Mask or longer EMS transport distances require a more advanced airway. Appropriate intubation is impossible due to patient access or difficult airway anatomy. Inability to secure an endotracheal tube in a patient who does not have a gag reflex where at least one failed intubation attempt has occurred. Patient must be unconscious.

### BIAD Insertion Procedure:

1. Preoxygenate the patient
2. Select the appropriate tube size for the patient
3. Lubricate the tube
4. Grasp the patient's tongue and jaw with your gloved hand and pull forward
5. Gently insert the tube rotated laterally 45-90 degrees so that the blue orientation line is touching the corner of the mouth. Once the tip is at the base of the tongue, rotate the tube back to midline. Insert the airway until the base of the connector is in line with the teeth and gums.
6. Inflate the pilot balloon with 45-90 ml of air depending on the size of the device used
- 7. Ventilate the patient while gently withdrawing the airway until the patient is easily ventilated**
8. Auscultate for breath sounds and sounds over the epigastrium and look for the chest to rise and fall
9. The large pharyngeal balloon secures the device
- 10. Confirm tube placement using ETCO2 detector**
- 11. It is strongly recommended that the airway (if equipment is available) be monitored continuously through waveform capnography and pulse oximetry**

