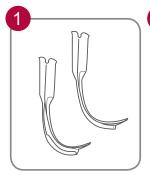
King Vision®

Video laryngoscope

Quick Guide





Select blade type



Slide on video adapter



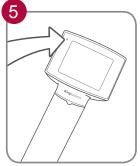
- Decide which blade type to use depending on technique. Channeled blade or standard blade.
- Depending on which King Vision configuration is used attach blade directly or video adapter then aBlade.
- · Connect blade to display before powering on
- No blade attached → no image; just static/snow (not applicable to aBlade configuration)
- Blade attached after display powered on \rightarrow split image
- Blade disconnected from display → frozen image (for 20 sec) or auto shut off
- Note if display indicator turns red the display will turn off after approx. 15 minutes



Attach blade



Power ON



Test Battery & Image

- Lubricate blade and ETT keeping lubricant away from imaging sensor/camera window
- Channeled blade Preload ETT into channeled if desired
- Standard blade Install stylet in ETT and shape to match blade curve
- Power on and check for functional moving image
- Insert blade into mouth using mid-line approach; follow tongue and look for epiglottis. Don't go too deep



Insert



Intubate



Remove

- Place blade tip in vallecula and visualize vocal cords (for long floppy epiglottis, blade tip may need to be placed under the epiglottis)
- Advance and direct ETT through the vocal cords and to the proper depth in the trachea
- Stabilize/hold the ETT laterally while withdrawing blade from mouth



 Disconnect blade from display; dispose of blade and clean/disinfect display

- If display becomes soiled with blood/secretions
- Clean with dampened wipes (enzymatic cleaning solution) for 4 minutes
- Disinfect with Sani-Cloth® wipes for 10 minutes replacing the wipes every 2 minutes
- · Display is not submersible
- Do not expose opening for electrical connections on bottom of display stem to liquids