



Shenandoah County

Department of Fire and Rescue

600 N. Main Street, Suite 109

Woodstock, VA 22664

(540) 459-6167 voice

(540) 459-6192 fax

King Airway Utilization Form

CALL INFORMATION

Date: _____ Time of Call: _____ Incident #: _____

PPCR #: _____ Technician: _____

Certification Level of User: BLS ALS

Age: _____ Gender: _____ Size King used: _____

Were ventilations adequate with King Airway? Yes No

Methods used for confirmation:

- Breath Sounds ETCO₂
 Chest Rise Capnometry (Color Change Device)

King Airway Attempt #1

- Successful Attempt
 Unsuccessful Attempt

King Airway Attempt #2

- Successful Attempt
 Unsuccessful Attempt

Complications/Comments:

Please Return to SCFR in a Sealed Envelope upon Completion