

I-GEL AIRWAYS

ASSESSMENT

- ✓ Airway status
- ✓ Ventilation
- ✓ Oxygenation
- ✓ Level of consciousness

INDICATIONS

- ✓ Ensure airway patency
- ✓ Facilitate pulmonary hygiene
- ✓ Prevent aspiration
- ✓ Actively ventilate and oxygenate
- ✓ **Endotracheal intubation** cannot be performed
- ✓ Three unsuccessful attempts at endotracheal intubation. The number of attempts at endotracheal intubation should be a total of 2 for a single provider or 3, if 2 EMS providers attempt intubation

CONTRAINDICATIONS

- ✓ Responsive patients with an intact gag reflex
- ✓ Patients with known esophageal disease
- ✓ Patients who have ingested caustic substances
- ✓ Patients with foreign body airway obstruction
- ✓ Presence of Tracheostomy/Stoma

INSERTION PROCEDURE

1. Choose the correct size I-gel airway (see table 2.3: I-gel airway sizes):

| i-gel size | Patient size | Patient weight guidance (lbs) |
|------------|-----------------|-------------------------------|
| 1 | Neonate | 4-11 lb |
| 1.5 | Infant | 11-26 |
| 2 | Small pediatric | 22-55 |
| 2.5 | Large pediatric | 55-77 |
| 3 | Small adult | 66-132 |
| 4 | Medium adult | 110-198 |
| 5 | Large adult | 198+ |

2. Apply water-based lubricant to the anterior, posterior and lateral edges of the device gel cuff.
3. Hold the I-gel at the integrated bite block with dominant hand. With non- dominant hand, open mouth and apply chin lift, unless contraindicated by C-spine precaution or patient position.
4. Position the device so the gel cuff outlet faces the patients chin. Advance tip into the mouth of the patient in a direction towards the mid line of the hard palate.
5. Without exerting excessive force, advance the device downwards and backwards along the hard palate until a definitive resistance is felt.
6. Begin ventilation with 100% oxygen, while bagging patient to assess ventilation.
7. Confirm proper placement by auscultation, chest movement, oxygen saturation, and verification of CO2 when available.
8. Secure the I-gel with tape from “maxilla to maxilla” or with the included manufacturer’s securing device.
9. All patients with an inserted I-gel device should have their head and neck immobilized including the use of a cervical collar.

10. Document proper airway placement as well as the method/device used to stabilize the I-gel device.
11. Reassess the position of the I-gel device after each significant movement of the patient.
12. Paramedics: Consider placement of an OG tube in the gastric port for I-gel, sizes 1.5-5. Utilize the maximal NG size indicated below:
 - ✓ Size 1.5 – 10 french
 - ✓ Sizes 2-4 – 12 french
 - ✓ Size 5 – 14 french

ADDITIONAL NOTES

- ✓ Placement of the device should never delay CPR or other necessary patient care
- ✓ These are single use devices. They should not be reused or recycled.
- ✓ The device is only for use by EMT or above, endorsed personnel
- ✓ Before releasing the patient to another level of care (i.e. paramedic, physician), the person who inserted the device must ensure that the receiving provider is knowledgeable about the proper use and function of the device
- ✓ The I-gel Airway is a short-term device. It may be left in place for a maximum of 2 hours, unless otherwise instructed by the receiving physician.