INTRODUCTION
Supraglottic airways are designed to provide a patent airway in a cardiac arrest, or as a rescue airway when endotracheal intubation is unsuccessful. Regions EMS currently recommends use of the I-Gel or KING LTS-D airway as the supraglottic airway for providers to use within the system. These devices are designed to provide a patent airway for patients without an intact gag reflex as an alternative to endotracheal intubation or when endotracheal intubation is not possible. Both devices are designed to be placed blindly. The gastric access lumen allows for passage of a gastric tube up to 18 Fr (King) or 14 Fr (I-Gel).

INDICATIONS
1. Patients in cardiac arrest
2. Patients with respiratory arrest
3. Medication assisted airway management when ETI is not used

CONTRAINDICATIONS
1. Intact gag reflex
2. Patient’s height less than manufacturer’s recommendations for device
3. Known esophageal disease
4. Caustic substance ingestion
5. Known or suspected airway burns
6. Anaphylaxis with respiratory symptoms
7. Known or suspected airway obstruction.

KING INSERTION PROCEDURE
1. Apply chin lift and introduce the KING airway into the corner of the mouth
2. Advance the tip under the base of the tongue while rotating the tube back to the midline
3. Without exerting excessive force, advance tube until the base of the connector is aligned on the teeth or gums
4. Inflate the cuff to 60–80 ml
5. Attach the BVM. While gently bagging the patient to assess ventilation, simultaneously withdraw the airway until ventilation is easy and free flowing (large tidal volume with minimal airway resistance)
6. Secure the device using the larger Thomas tube holder
7. Lubricate and insert a gastric tube into the gastric access lumen

I-GEL INSERTION PROCEDURE
1. Apply chin lift and introduce the i-Gel airway into the corner of the mouth
2. Advance the tip over the base of the tongue
3. Without exerting excessive force, advance tube until resistance is met
4. Attach the BVM. While gently bagging the patient to assess ventilation, gently advance the device to ensure it is seated against the larynx. Gurgling may be heard, however the device will seal and provide adequate ventilation and protection against aspiration.
5. Secure the device using the Thomas Select tube holder, twill tape, or medical tape.
6. Lubricate and insert a gastric tube into the gastric access lumen per size recommendations on the i-Gel packaging.

SPECIAL NOTE
1. It may be advisable to partially insert the gastric tube before introduction of the device into the patient, in an attempt to slow any return of gastric contents through the gastric lumen. There is no check valve on that lumen to prevent backflow.