

## Airway Management – iGel SGA ①

- ABCs
- Oxygen 100%
- Assist Ventilations

Choose appropriate sized **iGel SGA** ②  
Check equipment & properly lube **iGel SGA**

**iGel Sizes:**

- Size 1 (pink) 2-5 kg, 5-11 lbs
- Size 1.5 (light blue) 5-12 kg, 11-25 lbs
- Size 2 (grey) 10-25 kg, 22-55 lbs
- Size 2.5 (white) 25-35 kg, 55-77 lbs
- Size 3 (yellow) 30-60 kg, 65-130 lbs
- Size 4 (green) 50-90 kg, 110-200 lbs
- Size 5 (orange) 90+ kg, 200+ lbs

Place the patient's head in a sniffing or neutral position

Insert the **iGel SGA** until definitive resistance is felt and the incisors are resting on the integral bite-block. ③

Begin ventilation

**Confirm placement with lung sounds, chest movement and CO2 monitor.**

Secure **iGel SGA** using tape or other accepted means ④

**Ventilate with 100% O2**  
**Reassess Airway Frequently**  
**Transport** ⑤

**Indications:**

- Endotracheal intubation cannot be performed
- Attempts at endotracheal intubation have been unsuccessful

**Contraindications:**

- Patients with a gag reflex
- Patients with known esophageal disease or alcoholism (possibility of esophageal varices exists)
- Patients who have ingested a caustic substance



**Document:**

- SpO2
- Respiratory Status Before and After Treatment
- Lung & Gastric Sounds
- Skin Color
- Indications for Use
- Absence of Gag Reflex
- Patient's Age, Height

Approved:  
Dr. Larry Smith

1. May substitute "iGel SGA" at any place "King Airway" appears in the protocols.
2. Use water based lubricant, such as K-Y Jelly. Place lubricant on the back, sides and front of the cuff. Careful not to block the opening of the device with lubricant.
3. Occasionally a feel of 'give-way' is felt before the end point resistance is met. This is due to the passage of the bowl of the iGel through the faucial pillars. It is important to continue to insert the device until a definitive resistance is felt. If there is early resistance during insertion a 'jaw thrust' or 'insertion with deep rotation' is recommended. At NO time should the patient's airway or ventilatory status be compromised. If placement is unsuccessful, remove the device and return to oropharyngeal airway and assist via bag-valve-mask. No more than 3 attempts should be attempted.
4. If using tape, tape from maxilla to maxilla.
5. If spontaneous respirations begin and removal of the iGel SGA is needed, be prepared to suction.

Reviewed:  
Revised: 4/19/16