

Protocol Title: I-gel Airway Placement Procedure

A. INDICATIONS

1. Apneic patient when endotracheal intubation is not possible or not available.
2. Patient must be **unconscious, without a gag reflex**
3. No history of esophageal foreign body, disease or caustic ingestion
4. Failed airway

B. CONTRAINDICATIONS-PRECAUTIONS

1. Obstructive lesions below the glottis.
2. Trismus, limited mouth opening, pharyngo-perilaryngeal abscess, trauma or mass.
3. Conscious or semi-conscious patients with an intact gag reflex
4. Do not allow peak airway pressure of ventilation to exceed 40cm H₂O.
5. Do not use excessive force to insert the device.
6. As with all supraglottic airway devices, particular care should be taken with patients who have fragile and vulnerable dental work, in accordance with recognized airway management.
7. Use care to avoid the introduction of lubricant in or near the ventilatory openings

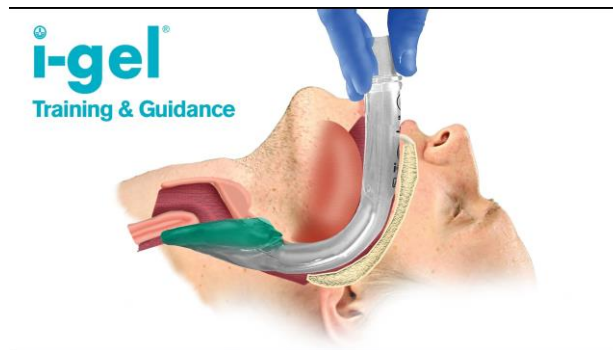
i-gel size	Patient size	Patient weight guidance (kg)
1	Neonate	2-5
1.5	Infant	5-12
2	Small pediatric	10-25
2.5	Large pediatric	25-35
3	Small Adult	30-60
4	Medium Adult	50-90
5	Large Adult	90+

C. PROCEDURE

1. Grasp the lubricated i-gel firmly along the integral bite block (tube portion of the device). Position the device so that the i-gel cuff outlet is facing toward the chin of the patient.
 - a. NOTE: be sure that there is only a thin layer of lubricant on the end of the i-gel to avoid blowing it into the lungs with bagging
 - b. Suction the upper airway PRIOR to insertion as needed
2. The patient should be in the “sniffing” position, with head extended and neck slightly flexed forward. **If cervical injury is suspected, use modified “jaw thrust” instead of any flexion at the neck.** The chin should be gently pressed down/inferior before proceeding to insert the i-gel.
3. Introduce the leading soft tip into the mouth of the patient in a direction toward the hard palate.

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4. Glide the device downwards and backwards along the hard palate with a continuous, but gentle push until a definitive resistance is felt.
5. **WARNING:** Do not apply excessive force on the device during insertion. It is not necessary to insert your fingers or thumbs into the oral cavity of the patient during insertion of this device. If there is resistance during insertion, a 'jaw thrust' and slight rotation of the device is recommended.
6. At this point, the tip of the device should be located into the upper esophageal opening and the cuff should be located against the laryngeal framework. The incisors should be resting on the integral bite block.



D. POST PLACEMENT

1. Auscultate breath sounds, check for chest rise and confirm placement with ETCO₂ monitoring and SpO₂ monitoring
 - a. Attach SpO₂ monitor and capnometer
 - b. ETCO₂ monitoring
 1. Head injuries: 30-35 mmHg
 2. Severe asthma, goal 40-50 mmHg, will start >50 mmHg
 3. All other patients should be between 35-40 mmHg
2. Secure the tube
3. Place NG tube in side port and advance to appropriate position, apply suction to decompress the stomach
4. Continue to monitor, sedate per protocol as necessary
5. Consider definitive airway placement, if possible
 - a. Endotracheal tube placement
 - b. You can intubate through the I-gel tub with either a Bougie introducer or 5-0 ET tube

E. REMOVAL

1. Ensure suctioning equipment is ready, roll patient onto left side
2. Carefully remove I-gel airway with gentle, but firm traction. Suction as needed.
3. Insert an oropharyngeal or nasopharyngeal adjunct, as needed

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4. Continue ventilations with a BVM at 10-15 LPM flow, as needed or place on non-rebreather mask at 10 LPM
 5. Document time of removal and ongoing vitals
- F. Pearls of using the I-gel**
1. This is an alternative to a King-LT or Combitube, considered a supraglottic airway (SGA)
 2. This is NOT a definitive airway and aspiration can occur with this device
 3. Preload the OG port with a 12 french tube to prevent any fluid leakage from this hole during insertion
 4. Apply a small amount of lubricating gel to the tip of the I-gel to aid in insertion, but do not overlubricate!
 5. Do not leave in place for >4 hours