

Adult i-Gel Airway Performance Criteria

| Objective: Describe the indications/contraindications for utilization of an i-gel SAD and demonstrate the ability to proficiently perform the procedure. | | | |
|--|--|------|----------|
| Equipment: Appropriate PPE, adult intubation manikin, oropharyngeal airway (OPA), appropriate sized i-gel SAD, water soluble lubricant, tape or i-gel airway support strap, stethoscope, bag valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, ETCO2 monitoring equipment. | | | |
| Performance Criteria: The AEMT, paramedic or optional skills approved EMT will be required to adequately describe the indications/ contraindications and complications for placement of an i-gel SAD and proficiently perform the procedure on a manikin. | | | |
| Step | Description | Does | Does Not |
| 1 | Verbalizes/demonstrates use of appropriate PPE | | |
| | Assure patent airway, oxygenation, ventilations, and have suction available. | | |
| | Assure monitor and pulse oximetry is applied. | | |
| 2 | Verbalizes proper i-gel SAD size based on patient size <ul style="list-style-type: none"> • Size 3 – i-gel small adult SGA (30-60kg) • Size 4 – i-gel medium adult SGA (50-90kg) • Size 5 – i-gel large adult SGA (90+kg) | | |
| 3 | Verbalizes SAD indications <ul style="list-style-type: none"> • Patients in need of advanced airway protection and/or unable to be adequately ventilated with a BVM when orotracheal intubation is unavailable or unsuccessful • Patients in need of rapid advanced airway control when orotracheal intubation is anticipated to be difficult or likely to interrupt continuous chest compressions | | |
| 4 | Verbalizes SAD contraindications <ul style="list-style-type: none"> • Intact gag reflex • Caustic ingestion • Unresolved complete airway obstruction • Trismus or limited ability to open the mouth and insert the device • Oral trauma (relative) • Distorted anatomy that prohibits proper device placement (relative) | | |

Effective: July 1, 2018
Supersedes: n/a

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

| 5 | <p>Verbalizes the following procedures that should be utilized prior to placement of a SAD as patient condition and circumstances permit:</p> <ul style="list-style-type: none"> • If possible, pre-oxygenate with high flow O₂ via NRM or BVM as appropriate for three (3) to five (5) minutes • Apply high flow NC (10 – 15 L/min) in addition to NRM or BVM to augment pre-oxygenation • Position patient in a semi-recumbent or reverse trendelenburg position if possible • Continue utilizing passive oxygenation via NC during SAD placement attempt | | |
|------|--|------|----------|
| Step | Description | Does | Does Not |
| 6 | Opens the package and removes the protective cradle containing the SAD | | |
| 7 | Removes the SAD from the protective cradle and transfers it to the palm of the same hand, supporting the device between the thumb and index finger | | |
| 8 | Places a small amount of a water-based lubricant onto the middle of the smooth surface of the protective cradle | | |
| 9 | Grasps the SAD with the opposite (free) hand along the integral bite block and lubricates the back, sides and front of the cuff with a thin layer of lubricant | | |
| 10 | Inspects the SAD to confirm there are no foreign bodies of lubricant obstructing the distal opening | | |
| 11 | Places the SAD back into the protective cradle in preparation for insertion | | |
| 12 | Removes the SAD from the protective cradle and grasps the lubricated device firmly along the integrated bite block | | |
| 13 | Positions the SAD so that the cuff outlet is facing towards the chin of the patient | | |
| 14 | Instructs other rescuer to stop ventilations and removes OPA (if in place) | | |

Effective: July 1, 2018

Page 2 of 3

Supersedes: n/a

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

| | | | |
|----|---|--|--|
| 15 | Places the patient's head in the 'sniffing' position and gently presses down on the chin unless cervical spine injury is suspected | | |
| | Hold the i-gel firmly at the bite block with the dominant hand. With the non-dominant hand, open the mouth applying a chin lift. | | |
| 16 | Introduces the leading soft tip of the SAD into the patient's mouth in a direction towards the hard palate | | |
| 17 | Glides the SAD downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt <ul style="list-style-type: none"> • The teeth should be resting on the integral bite block • Sometimes the 'give-way' is felt before the end point resistance is met – It is important to continue to insert the device until a definitive resistance is felt • Once definitive resistance is met and the teeth are located on the integral bite block, do not repeatedly push the device down or apply excessive force during insertion | | |
| 18 | Attaches BVM to device and ventilates at appropriate rate and volume | | |
| 19 | Confirms airway patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate ETCO2 monitoring methods based on available equipment | | |
| 20 | Properly secures device using tape or airway support strap | | |
| 21 | Re-evaluates SAD placement after each patient movement or upon transfer of care to other prehospital or hospital personnel | | |

Effective: July 1, 2018
Supersedes: n/a

Page 3 of 3

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator