

Pediatric 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, pediatric 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 or paramedic will be required to adequately describe the indications/ contraindications 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		
2	Verbalizes proper i-gel SAD size based on patient size <ul style="list-style-type: none"> • Size 1.0 – i-gel neonate SGA (2-5kg) • Size 1.5 – i-gel infant SGA (5-12kg) • Size 2.0 – i-gel small pediatric SGA (10-25+kg) • Size 2.5 – i-gel large pediatric SGA (25-35 kg) 		
3	Verbalizes SAD indications <ul style="list-style-type: none"> • Pediatric patients in need of advanced airway protection or unable to be adequately ventilated with a BVM. 		
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) 		
5	Verbalizes the following procedures that should be utilized prior to placement of a SAD as patient condition and circumstances permit: <ul style="list-style-type: none"> • If possible, pre-oxygenate with high flow O₂ via NRM or BVM as appropriate for three (3) minutes 		

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	<ul style="list-style-type: none"> 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 		
6	Opens the package and removes the cage pack containing the SAD		
Step	Description	Does	Does Not
7	Opens the cage pack and transfers the SAD into the lid of the cage		
8	Places a small amount of a water-based lubricant onto the middle of the smooth surface of the cage pack		
9	Grasps the SAD 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 cage pack in preparation for insertion		
12	Removes the SAD from the cage pack 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)		
15	Places the patient's head in the 'sniffing position' and gently presses down on the chin		
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		

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	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		

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