

The i-Gel is a supraglottic airway management device used as an alternate means of establishing an airway. i-Gel has a soft, gel-like, non-inflatable cuff, designed to provide an anatomical, impression fit over the laryngeal inlet.

A. Indications:

1. Apneic patients without a gag reflex.
2. Unconscious patients without a gag reflex.
 - a) If the patient presents with respiratory depression, consider opiate overdose and manage with **Naloxone 0.4mg IV / IM / IO**, as needed until the patient's respiratory drive returns to a sustainable level (**Protocol 8**).
3. The patient presents with a difficult airway and endotracheal intubation attempts have failed.
4. A difficult airway is anticipated:
 - a) Small mouth which obstructs visualization.
 - b) Short neck.
 - c) Mallampatti or Cormack-Lehane score ≥ 3 .
 - d) Any obstruction that could impair visualization of the glottic opening.
 - e) Impaired neck mobility.
5. Access to the airway is impeded (entrapment, helicopter cabin etc.)

B. Contraindications

1. Patient has a gag reflex
2. Esophageal tissue damage from trauma, chemical ingestion or thermal injury.
3. Esophageal or airway obstruction.
4. Airway burns or chemical inhalation injury.

C. Procedure

Equipment

- Appropriate I-Gel (See sizing chart below)**
- Water based lubricant (surgilube)
- Suction
- ETCO₂ attachment

Insertion Technique

1. Open and maintain the airway. Ventilate with 100% oxygen before attempting placement of the i-Gel.
2. Select the appropriate sized i-Gel based on weight. Open the i-Gel Package and take the i-Gel out of the protective cradle.
3. Place the i-Gel in the palm of the hand holding the cradle. Place a generous amount of water-based lubricant onto the smooth surface of the protective cradle.

4. Lubricate the back, sides, and front of the cuff by rubbing it the smooth surface of the protective cradle containing the water-based lubricant.



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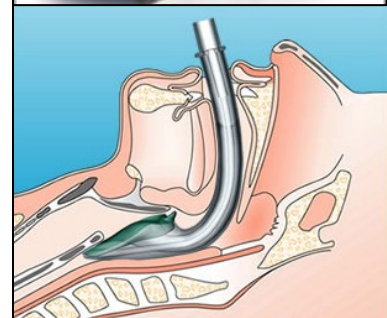
5. Remove dentures or removable plates from the mouth prior insertion.

6. Grasp the lubricated i-Gel firmly along the integral bite block. Position the device so that the i-Gel cuff outlet is facing towards the chin of the patient.

7. **Maintain the head in a neutral position for trauma patients.** For non-traumatic patients, the patient's head should be in the "sniffing" position with head extended and neck flexed. The chin should be gently pressed down before proceeding to insert the i-Gel.



8. Introduce the leading soft tip into the mouth of the patient in a direction towards the hard palate.
9. Glide the device downward and backward along the hard palate with a continuous but gentle push until a definitive resistance is felt.



10. The front teeth should be resting on the integral bite block (The Black line on the i-Gel).
11. Hold the i-Gel in place after insertion for about **30 seconds** so the I-Gel can adhere to the Airway. If it is not held in place the i-Gel will not secure properly.
12. **If the I-Gel displaces from its secured position, remove the I-Gel and insert a new one, or attempt a different airway management technique. Do not attempt to secure the same I-Gel again.**
13. Attach the End tidal CO2 Device to the i-Gel and BVM, and confirm placement

Securing the Device

1. Secure the i-gel with the endo-lock device used to secure ET tubes.

OR

2. Secure the i-Gel with 1" tape:
 - a) Wrap the tape around the bite block section right above the patients lips
 - b) Then encircle the patients head and come back to the bite block section
 - c) Tape around the bite block section once again then tear the tape

OR

3. Supplement the endo-lock device with 1" tape to secure the i-Gel when excessive movement of the patient is anticipated.

NG Tube:

Use a #12 NG tube for #3 & #4 i-Gel, a # 14 NG tube for a # 5 i-Gel.

****i-Gel sizing Chart**

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+