**Definitions:**

1. Supraglottic Airway Device (“SAD”) – A device that is placed into the oral pharynx and subsequently placed over the glottic opening. This is done via a 'blind' maneuver without the aid of a laryngoscope. SADs are designed to aid in oxygenation and ventilation of a patient. i-gel is a SAD.

**Clinical Indications:**

1. Cardiac arrest
2. Respiratory arrest with no immediate reversible causes (e.g., hypoglycemia or opioid overdose)
3. Inability to adequately ventilate a patient with a bag valve mask (“BVM”) and basic airway adjunct
4. An unconscious patient without a gag reflex who is apneic or is demonstrating inadequate respiratory effort

**Contraindications:**

1. Pediatric patient who can be measured on a length-based tape (< 37 kg)
2. Gag reflex
3. Caustic ingestion or esophageal burns
4. Known esophageal disease (e.g., cancer, varices, or stricture)
5. Laryngectomy with stoma; if present, place in ETT in stoma
6. Severe airway trauma
7. Trismus

**Complications:**

1. Airway and/ or esophageal trauma
2. Regurgitation
3. Aspiration

**Procedure:**

1. Prepare, position patient’s head in the sniffing position if not in SMR, and oxygenate with 100% oxygen. If in cervical spine injury is suspected or in SMR, position the patient’s head in the neutral position.
2. Paramedics must document EtCO₂ reading preplacement.
3. Select proper i-gel size using weight-based chart.
4. Lubricate the device with water-based lubricant. Prepare suction.
5. If present, remove dentures or dental plates from mouth.
6. Position the i-gel so the cuff outlet is facing towards the chin of the patient. Introduce the device into the mouth towards the hard palate.

7. Glide the i-gel downward and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt. **DO NOT APPLY EXCESSIVE FORCE DURING INSERTION.** The tip of the airway should be in the upper esophageal opening and the cuff should be located against the laryngeal framework; the incisors should be resting on the integrated bite block.

8. Attach BVM, EtCO₂, and ventilate the patient at a rate of 6/minute.

9. Auscultate for breath and epigastric sounds while watching for rise and fall of chest.

10. Paramedics must confirm device placement using EtCO₂ and waveform capnography. SAD shall be continuously monitored via waveform capnography (paramedics) and pulse oximetry (EMTs and paramedics).

12. Secure device to patient using the approved securing device. If an i-gel securing device is not available, the i-gel should be securing using tape; tape from maxilla to maxilla.

13. If, after placement, an i-gel device is ineffective, the device should be removed. Paramedics may remove an i-gel device to place an ETT.

<table>
<thead>
<tr>
<th>Patient Weight (kg)</th>
<th>Patient size</th>
<th>i-gel size</th>
</tr>
</thead>
<tbody>
<tr>
<td>37-60 kg</td>
<td>Small adult</td>
<td>3</td>
</tr>
<tr>
<td>50-90 kg</td>
<td>Medium adult</td>
<td>4</td>
</tr>
<tr>
<td>90+ kg</td>
<td>Large adult</td>
<td>5</td>
</tr>
</tbody>
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