Airway: Supraglottic Airway Device

	Applies to:
E	EMT
P	Paramedic

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 $EtCO_2$ 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.

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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 palette.
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, $EtCO_2$, 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 $EtCO_2$ and waveform capnography. SAD shall be continuously monitored via waveform capnography (paramedics) and pulse oximetry (EMTs and paramedics.
11. 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.
12. 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.

Patient Weight (kg)	Patient size	i-gel size
37-60 kg	Small adult	3
50-90 kg	Medium adult	4
90+ kg	Large adult	5