

Airway: Supraglottic Airway Devices

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 in a 'blind' maneuver without the aid of a laryngoscope. This will aid in the oxygenation and ventilation of the patient.
2. The I-Gel is the approved supraglottic airway device for Contra Costa County EMS.

Applies to:	
O	EMT Optional
P	Paramedic

Indications:

1. Cardiac Arrest
2. Respiratory arrest with no immediate reversible cause (i.e. 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
5. For EMT's with approved optional scope: Patients greater than or equal to 15 years of age in need of airway protection or unable to be adequately ventilated with BVM.

Contraindications:

1. Gag reflex
2. Caustic ingestion – Esophageal burns
3. Known esophageal disease (e.g. cancer, varices or stricture)
4. Laryngectomy with stoma – if present, place ETT in stoma
5. Severe airway trauma
6. Trismus

Complications:

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

Procedure:

1. Prepare, position and oxygenate the patient with 100% Oxygen.
2. Document the pre-intubation EtCO₂ reading.
3. Select proper I-Gel using weight based chart.
4. Lubricate the I-Gel with water-based lubricant, get suction ready.
5. If present, remove dentures or plates from the mouth prior to insertion.
6. Remove the I-Gel cradle and gently press the chin downwards and introduce the iGel into the mouth with the opening towards the chin, along the hard palate until a definitive resistance is felt.
Do not apply excessive force on the I-Gel upon insertion.
7. Attach BVM, ETCO₂ and ventilate the patient.



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8. Auscultate for breath sounds and sounds over the epigastrium and look for the chest to rise and fall.
9. **Confirm tube placement using EtCO₂ and waveform capnography. It is required that the airway be monitored continuously through waveform capnography (ALS providers) and pulse oximetry.**
10. Secure I-Gel airway to patient with an approved method.

Applies to:	
O	EMT Optional
P	Paramedic

i-gel size		Patient size	Patient weight guidance (kg)
	3	Small adult	30-60
	4	Medium adult	50-90
	5	Large adult+	90+

