

AIRWAY – SUPRAGLOTTIC AIRWAY

1. Levels: EMT, AEMT, Paramedic, RN

2. Indications:

- 2.1. Risk of failure of oxygenation or ventilation
- 2.2. Risk of failure of airway maintenance or protection
- 2.3. Risk of worsening clinical course

3. iGel

Contraindications

- 3.1.1. Patients with an intact gag reflex
- 3.1.2. Known esophageal disease or ingestion of caustic substances
- 3.1.3. Known lower airway obstruction
- 3.1.4. Epiglottitis
- 3.1.5. Severe anaphylaxis
- 3.1.6. Smoke inhalation / airway burns

Procedure

- 3.1.7. Choose the appropriate iGel size.
 - 3.1.7.1. Adult Sizes Based on Ideal Body Weight (IBW)
 - 3.1.7.2. Calculation of Ideal Body Weight (IBW)
 - 3.1.7.2.1. Males: 50kg at height of 60 inches + 2.3kg per additional inch (-2.3kg per inch under 60 inches)
 - 3.1.7.2.2. Females: 45.5kg at height of 60 inches +2.3kg per additional inch (-2.3kg per inch under 60 inches)
 - 3.1.7.3. iGel Sizes
 - 3.1.7.3.1. IBW of 30-60kg = Size 3 (Yellow)
 - 3.1.7.3.1.1. Males IBW = Height 4'4" - 5'4"
 - 3.1.7.3.1.2. Females IBW = Height 4'6" - 5'6"
 - 3.1.7.3.2. IBW of 50-90kg = Size 4 (Green)
 - 3.1.7.3.2.1. Males IBW = Height 5' - 6'5"
 - 3.1.7.3.2.2. Females IBW = Height 5'2" - 6'7"
 - 3.1.7.3.3. IBW of greater than 90kg = Size 5 (Orange)
 - 3.1.7.3.3.1. Males IBW = Height 6'6" and up
 - 3.1.7.3.3.2. Females IBW = Height 6'8" and up
- 3.1.8. Open the iGel package and remove contents.
- 3.1.9. Place a small bolus of water-based lubricant on the base of the inner side of the main shell of the packaging.
- 3.1.10. Grasp the iGel along the integral bite block and lubricate the back, sides, and front of the cuff with a thin layer of lubricant. Ensure that no bolus of lubricant remains in the bowl of the cuff or inside the OG port at the distal end.
- 3.1.11. Ensure the supplementary oxygen port is firmly closed with the integral cap. Per the manufacturer specifications, the supplementary oxygen port is indicated for cardiocerebral resuscitation (passive oxygenation), which is not contained within The Green Book 2021.
- 3.1.12. Maintain cervical immobilization (if indicated), otherwise place the patient in the sniffing position. The chin should be gently pressed down by an assistant before placement of the iGel.
- 3.1.13. Introduce the leading soft tip into the mouth of the patient in a direction towards the hard palate. Glide the device downwards and backwards along the hard

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palate with a continuous but gentle push until a definitive resistance is felt. The incisors should be resting on the integral bite block.

- 3.1.14. Secure the iGel with the provided support strap. The strap should be slid under the patient's neck. One end of the strap should be then lifted over the patient's face and secured to the iGel by placing an appropriate hole on the strap over the lug of the hook ring located at the top of the device, followed by the other end of the strap on the opposite side. There should be sufficient tension to hold the iGel securely in place, but not excessive tension. Some adjustment of the strap may be needed to ensure optimal positioning.
- 3.1.15. Attach BVM/ETCO₂ to the iGel device.
- 3.1.16. Confirm tube placement as outlined in the [ADVANCED AIRWAY CONFIRMATION / MANAGEMENT Protocol](#) (ETCO₂ monitoring, auscultation of all lung fields to confirm adequate air exchange, bilateral, symmetrical expansion of thorax).
- 3.1.17. Once effective ventilation is confirmed, continue to monitor electronic ETCO₂ and oxygen saturation. Tube placement should be reassessed as outlined in the [ADVANCED AIRWAY CONFIRMATION / MANAGEMENT Protocol](#) and documented accordingly.
- 3.1.18. To prevent gastric contents from coming out of the OG port, consider placing a non-rigid suction catheter in the OG port and connect to continuous suctioning.
- 3.1.19. If unable to achieve adequate ventilation using iGel Supraglottic Device, remove device, reinsert, and attempt again. If unable to ventilate, re-attempt bag valve mask ventilation, consider obstructed airway maneuvers, (if not yet performed), and return to the appropriate **AIRWAY Protocol**.