I-GEL PLACEMENT

BASIC EMT / ADVANCED EMT / PARAMEDIC

ADVANTAGES:

- Primary backup airway for ALS
- Uses a “blind” insertion technique
- Allows for rapid airway control independent of patient’s position
- No cuff inflation, in turn, creating less trauma/compression to tissues/airway structures

INDICATIONS

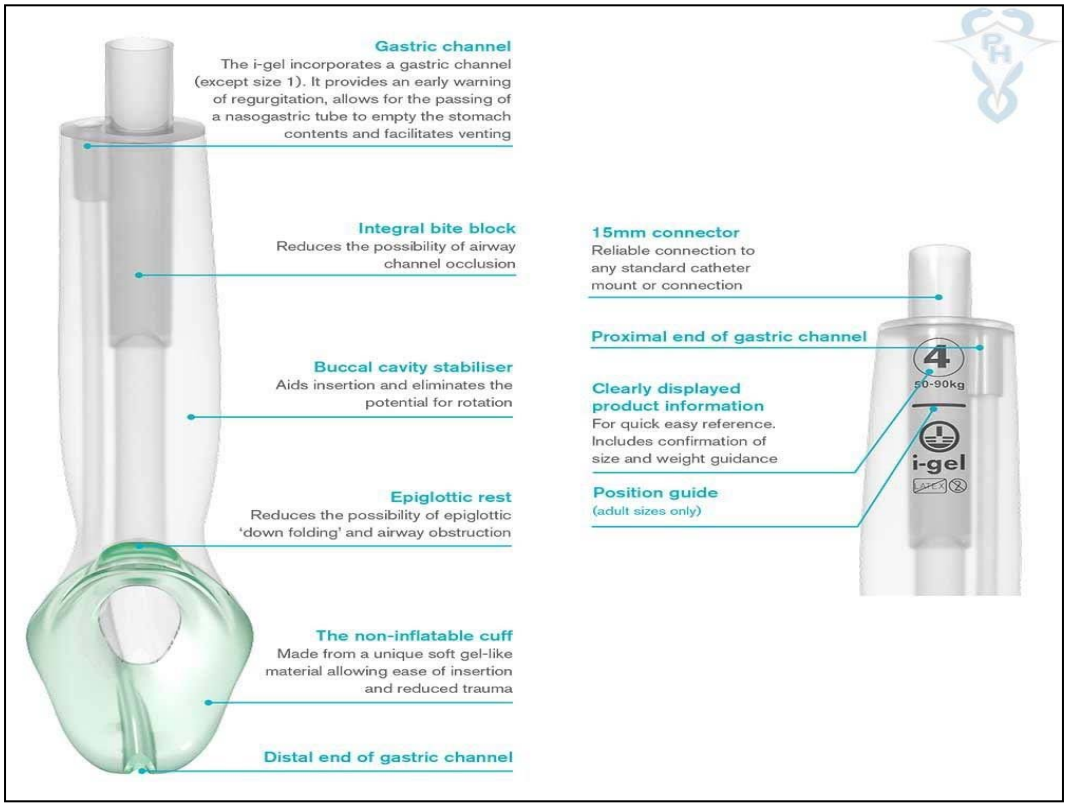
- Resuscitation of the unconscious patient without a gag reflex present
- Airway Control during respiratory arrest and/or cardiac arrest
- Failed ET intubation attempts

CONTRAINDICATIONS

- No more than 3 attempts at placement/per patient
- Patients that have ingested caustic substances
- Patients with esophageal disease
- Patients with a gag reflex

DISADVANTAGES:

- Does not protect the airways from effects of regurgitation or aspiration.



I-GEL PLACEMENT cont.

Procedure for Placement:

- ➢ Take infection control precautions
- ➢ Obtain appropriate size I-Gel utilizing the weight range guide for ideal body weight.

i-gel size	Patient size	Patient weight guidance (kg)
1	Neonate	2-5
1.5	Infant	5-12
2	Small paediatric	10-25
2.5	Large paediatric	25-35
3	Small adult	30-60
4	Medium adult	50-90
5	Large adult+	90+

- ➢ Ventilate with BVM:
  - o 8 to 10 per minute for CPR
  - o 10-12 breaths for perfusing patient

Enough tidal volume to achieve normal chest rise

- ➢ Pre-oxygenate patient for at least 30 seconds prior to placement attempt
- ➢ Assure that I-Gel is intact and has not been damaged.
- ➢ Utilizing the I-Gel cradle, place a small bolus of water-based lubricant onto the middle of the smooth surface of the cradle.
- ➢ Lubricate the I-Gel by 'painting' a thin layer of lubricant along the back, sides, and front of cuff. Assure that there is no bolus of lubricant remaining in the bowl of the I-Gel. Too much lubricant can adversely affect the I-Gel from staying in place.
- ➢ Lay I-Gel back into the cradle until ready for insertion.

Figure 4

Figure 5

Figure 6

Figure 7

Figure 8

Figure 9

Figure 10

Figure 11

Figure 12

I-GEL PLACEMENT cont.

- ***Optional***: Preload I-Gel with appropriate size French suction catheter into the gastric chamber.

I-Gel size	French Suction Size
1	N/A
1.5	10
2	12
2.5	12
3	12
4	12
5	14

- Place the head in a "sniffing" position or perform jaw-thrust maneuver.
- Suction airway.
- Remove lubricated I-Gel from cradle and grasp at the bite block area. The cuff of the I-Gel should be facing the chin.
- Open the airway and introduce the soft tip of the I-Gel into the mouth along the hard palate while gliding backwards/downwards with continuous gentle pressure until definitive resistance is met and the teeth are resting on the integral bite block. ***Sometimes a feel of initial resistance and then a 'give-way' is felt before definitive end point resistance is met. This is due to the I-Gel passing through the faucial pillars.***
- Attach ETCO2 and BVM with high flow oxygen and proceed to confirm placement. ***$ETCO_2$ must be monitored and recorded on all patients with I-Gels***
- Oxygen is free flowing.
    - Auscultate for gurgling sounds in stomach. If no sounds are heard over stomach, watch for chest rise, and auscultate the chest for breath sounds bilaterally. If chest rises, with each ventilation, and you hear breath sounds, continue ventilations. ***If unable to confirm or ventilate, remove device and ventilate the patient via simple airway adjunct and BVM with high flow O2.***
- Secure I-Gel utilizing commercial securing device. If no commercial securing device is available, secure I-Gel utilizing tape in a 'maxilla to maxilla' fashion.
- Apply cervical collar to patient.

I-GEL PLACEMENT cont.