# I-GEL AIRWAY PROCEDURE

## Indications
- When ventilation cannot be adequately maintained by BLS techniques, intubation is anticipated to be difficult, or intubation is unsuccessful after one attempt

## Pre-procedure
- Open airway and pre-oxygenate with BVM for 1-3 min with 100% O2. Avoid hyperventilation in cardiac arrest
- Apply water soluble lubricant to the back, sides and front of the cuff. Ensure no lubricant remains in the bowl of the cuff
- Position the head into the “sniffing” position or neutral position if trauma is suspected
- Remove dentures before inserting tube

## Procedure
- With the cuff opening facing the patient’s chin, glide the device downwards and backwards along the hard palate with a continuous but gentle push until definitive resistance is felt. The incisor teeth should be resting on the integral bite block
- Attach bag-valve to i-gel Airway
- Verify placement using all of the following
  - Rise and fall of chest
  - Bilateral breath sounds
  - Capnometry/capnography or colorimetric device
- Secure the tube with provided strap or commercial tube holder

## Equipment
- i-gel or i-gel O2 airway device
- Water soluble lubricant
- Portable suction device
- Capnometry/capnography or colorimetric device
- Stethoscope

## I-gel Sizing

<table>
<thead>
<tr>
<th>Size</th>
<th>Patient Size</th>
<th>Color</th>
<th>Patient weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Small adult</td>
<td>Yellow</td>
<td>30-60kg</td>
</tr>
<tr>
<td>4</td>
<td>Medium adult</td>
<td>Green</td>
<td>50-90kg</td>
</tr>
<tr>
<td>5</td>
<td>Large adult</td>
<td>Orange</td>
<td>90+kg</td>
</tr>
</tbody>
</table>

## Critical Information
- Contraindications:
  - Responsive patient with an intact gag reflex
  - Patient with known esophageal disease
  - Tracheal stoma
  - Patient fits on length based resuscitation tape
- Relative Contraindication:
  - Patients who have ingested caustic substances or have severe airway burns

## SPECIAL CONSIDERATIONS
- If there is any doubt about the proper placement of the i-gel airway, remove device; ventilate the patient with BVM for 30 seconds and repeat sequence of steps
- If unsuccessful on second attempt, resume BLS airway management
- If an excessive air leak during ventilation is noticed, use one or all of the following:
  - Hand ventilate the patient with gentle and slow squeezing of the reservoir bag
  - Limit estimated tidal volume to no more than 5ml/kg
  - If all of the above fail then change to one size larger i-gel