

## INDICATIONS:

- A. The iGel is indicated for use in securing and maintaining a patient airway.
- B. May be used as primary airway in cardiac arrest and rescue airway for other conditions.

## CONTRAINDICATIONS:

- A. Trismus, limited mouth opening.
- B. Suspected upper airway obstruction secondary to laryngeal edema, smoke inhalation, foreign body, tumor, mass, abscess.

## SIZES:

i-gel Size	Patient Size	Patient Weight (kgs)	Patient Weight (lbs)
1	Neonate	2.5	4-11
1.5	Infant	5-12	11-26
2	Small pediatric	10-25	22-55
2.5	Large pediatric	25-35	55-77
3	Small adult	30-60	66-132
4	Medium adult	50-90	110-198
5	Large adult	90+	198+

## PROCEDURE:

- A. Identify correct size iGel.
- B. Lubricate iGel prior to insertion.
- C. Insure that the supplementary oxygen port is capped.
- D. Position the patient. The patient should always be in the “sniffing position” prior to insertion unless head/neck movements are considered inadvisable or are contraindicated.
- E. If needed, use tongue depressor or curved laryngoscope blade to facilitate passage of iGel through the oral pharynx.
- F. Grasp the lubricated iGel firmly along the integral bite block.
- G. Position the device so that the iGel cuff outlet is facing towards the chin of the patient.
- H. Introduce the leading soft tip into the mouth of the patient in a direction toward the hard palate. The leading edge of the iGel’s tip must follow the curvature of the patient’s hard palate upon insertion. Glide the device downward and backward along the hard palate with a continuous but **gentle** push until a definitive resistance is felt.



- I. Determine appropriate depth of insertion. The incisors should be resting on the integral bite block. A horizontal line (Adult sizes 3,4,5 only) at the middle of the integral bite block represents the correct position of the teeth. If the teeth are located lower than the distal tip of the bite block, then it is likely the device has been **incompletely inserted**.



- J. Secure iGel to maxilla with holder or tape.
- K. If gastric distention is present or fluid is present in the gastric channel of iGel, an appropriate size nasogastric tube may be passed down the gastric channel.

i-gel Size		Maximum Size of Nasogastric Tube (French Gauge) or French Suction Catheter
	1	N/A
	1.5	10
	2	12
	2.5	12
	3	12
	4	12
	5	14

- L. Attach capnography per protocol.

**PEDIATRIC PATIENTS:**  
No specific pediatric concerns.

## NOTES & PRECAUTIONS:

- A. Do not use excessive force to insert the device or nasogastric tube.
- B. Sometimes a feel of “give-way” is felt before the end point resistance is met. This is due to the passage of the iGel bowl through the faucial pillars (pharyno-epiglottic folds).
- C. Once resistance is met and the teeth are located on the integral bite block, do not repeatedly push the iGel down or apply excessive force during insertion.
- D. Patients with any condition which may increase the risk of a full stomach e.g. hiatal hernia, sepsis, morbid obesity, pregnancy, or a history of upper gastro-intestinal surgery, etc., may increase the risk of aspiration.