

ADULT 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

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

Equipment

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

I-gel Sizing

| Size | Patient Size | Color | Patient weight |
|------|--------------|--------|----------------|
| 3 | Small adult | Yellow | 30-60kg |
| 4 | Medium adult | Green | 50-90kg |
| 5 | Large adult | Orange | 90+kg |

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