PEDIATRIC I-GEL AIRWAY PROCEDURE

Indications

Cardiac or respiratory arrest, or severe respiratory compromise where ventilation cannot be adequately maintained by BLS techniques

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

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
  - ETCO2 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
- ETCO2 or colormetric device
- Stethoscope

I-gel Sizing

Tube Size	Patient Size	Color	Patient weight
1.0	Neonate	Pink	2-5kg
1.5	Infant	Blue	5-12kg
2	Small child	Gray	12-25kg
2.5	Large child	White	25-35kg

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

Critical Information

- Contraindications:
  - Responsive patient with an intact gag reflex
  - Patient with known esophageal disease
  - Tracheal stoma
- Relative Contraindication:
  - Patients who have ingested caustic substances or have severe airway burns