

7.03 SUPRAGLOTTIC AIRWAY (~~i-Gel~~)

EMSAC JUNE 2026

ALS

INDICATIONS

- Cardiac or pulmonary arrest
- Decreased level of consciousness, no purposeful movement AND Loss of gag reflex
- Infants $\geq 2\text{kg}$ AND ≥ 34 weeks gestational age
- ~~• iGel insertion may be performed on those patients who meet ALL of the following criteria:~~
 - ~~• Patients of age 28 days and older~~
 - ~~• Are unconscious and without purposeful movement~~
 - ~~• Do not have a gag reflex~~
 - ~~• Apnea~~

CONTRAINDICATION

- ~~• Premature infants <34 weeks gestational age or $< 2\text{kg}$~~
- Caustic ingestion
- Unresolved complete airway obstruction
- Distorted anatomy (e.g. severe facial trauma, trismus) that prevents proper placement

EQUIPMENT

- I-Gel device

~~INSERTION~~ TECHNIQUE

1. Prepare, position, and pre-oxygenate the patient
2. Select an appropriately sized device based on patient ideal body weight/size (see appendix A)
3. Apply water-soluble lubricant to distal end of tube
4. Place patient's head in a neutral position or slightly extended sniffing position if no concern for spinal injury
5. Open patient's mouth using cross-finger or jaw-thrust technique.
- ~~6. With non-dominant hand, hold mouth open and apply chin lift.~~
7. Position the device so the cuff outlet is facing towards patient chin
8. ~~Insert~~ Introduce the leading soft tip into the mouth towards the hard palate with tip pointing toward feet.



SAN FRANCISCO EMS AGENCY
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9. ~~Advance device smoothly~~ Glide the device downward and backward along the hard palate with continuous but gentle push until a definitive resistance is felt
10. Attach BVM and gently bag the patient to assess ~~initiate~~ ventilation.
11. To confirm initial correct placement ~~with the following:~~ Assess ventilation:
 - a. Observe bilateral chest rise with ventilation
 - b. ~~Auscultate~~ Confirm breath sounds in bilateral lung fields
 - c. Confirm waveform capnography EtCO₂
 - ~~d. Rise and fall of the chest~~
 - ~~e. Bilateral lung sounds~~
 - ~~f. Confirm placement with CO₂ detector~~
 - ~~g. Gastric auscultation~~
 - ~~h. If breath sounds are present continue to ventilate.~~
12. If there is any question about the proper placement of the device ~~iGel~~, remove device and ventilate the patient with BVM for 30 seconds and repeat ~~insertion~~
13. Secure the tube with commercial device or tape
14. Monitor patient with continuous pulse oximeter and EtCO₂
15. **TROUBLESHOOTING**
 - Difficulty with insertion
 - Reposition head (ensure proper alignment)
 - Try next size up or down
 - Suction oropharynx thoroughly
 - Inadequate Ventilation or Air leak:
 - Reposition device
 - Check for proper device depth and position
 - Assess for airway obstruction or secretions
 - Loss of waveform capnography:
 - Verify device position (may have dislodged)
 - Check for circuit disconnection
 - Assess for complete airway obstruction

DOCUMENTATION

1. Indication for device placement
2. EMS Personnel responsible for procedure (eprocures.09 and eprocures.10)
3. Time of device insertion
4. Device type and size
5. Number of attempts
6. Confirmation methods used

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7. Initial and serial vital signs
8. Complications, if applicable

Appendix A: i-gel size chart



	Patient Size	Size	Weight
●	Neonate	1	2-5kg
●	Infant	1.5	5-12kg
●	Small paediatric	2	10-25kg
○	Large paediatric	2.5	25-35kg
●	Small adult	3	30-60kg
●	Medium adult	4	50-90kg
●	Large adult	5	90+kg