

i-gel Airway BIAD (≥ PL2)

Clinical Indications:

1. Cardiac arrest after assuring continuous compressions, defibrillation and BLS airway management has been completed (≥ PL2).
2. Non-cardiac arrest patient without a gag reflex (≥ PL3).
3. Intubation is difficult or impossible due to patient access or airway anatomy (≥ PL5).

Contraindications:

1. Conscious patient.
2. Patient with present gag reflex.
3. Patients under/overweight for airway size used.
4. Patient with known esophageal disease – varices, alcoholism, cirrhosis, etc. – or ingestion of caustic substances.
5. Deforming facial trauma that prevents proper seating of the airway.

Pre-Procedure:

1. Select the appropriate i-gel by assessing the patient's anatomy and weight:

i-gel Resus Pack			
Color	Yellow	Green	Orange
Weight	30 – 60 kg 66 – 132 lbs	50 – 90 kg 110 – 198 lbs	> 90 kg > 198 lbs
Size	3.0	4.0	5.0

2. Inspect the packaging and ensure it is not damaged prior to opening.
3. Inspect the device carefully, check that the airway is patent and confirm there are no foreign bodies or liquid obstructing the distal opening of the airway or gastric channel.
4. Carefully inspect inside the bowl of the device ensuring surfaces are smooth and intact and also that the gastric channel is patent.
5. Discard the device if the airway tube or the body of the device looks abnormal or deformed.
6. Don appropriate PPE, including face/eye protection.
7. Ensure patient is being ventilated and oxygenated.
8. Open the i-gel package and remove the inner tray containing the airway, strap, and lubricant (Figure 1).
9. Lubricate the base of the inner side of the main shell (Figure 2).
10. Grasp the i-Gel along the bite block and lubricate the back sides and front of the cuff and repeat as needed. Make sure no lubricant is in the bowl of the cuff and avoid touching the cuff of the device with your hands (Figures 3-5).
11. Ensure the supplementary oxygen port is closed until needed.
12. Place the i-gel into the main shell of the packaging in preparation for insertion (Figure 6).
13. Remove dentures or removeable plates from the mouth just before attempting insertion.

Procedure:

1. Grasp the lubricated i-gel along the integral bite block and position the device so the i-gel cuff outlet is facing towards the patient's chin (Figure 7).
2. Place patient in sniffing position (Figure 7) before inserting the i-gel.
3. Introduce the leading soft tip into the mouth of the patient in a direction towards the hard palate.
4. Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt.
5. At this point, the tip of the airway should be located into the upper esophageal opening and the cuff should be located against the laryngeal framework with the incisors resting on the integral bite block (Figure 8a-c).
6. i-gel should be secured with the strap provided or other appropriate means (Figures 9-12).
7. Connect/apply EtCO₂ detection device along with appropriate BVM.

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8. Confirm proper position by EtCO₂ and auscultation of epigastric (absent sounds) then chest (sounds of ventilation). Note presence of chest rise and fall.
9. After placement confirmation, further secure the device as needed and continue to stabilize the i-gel.
10. Reassess confirmation with patient movements.

