

# Airway: Supraglottic Airway Device

## Definitions:

1. Supraglottic Airway Device (“SAD”) – A device that is placed into the oral pharynx and subsequently placed over the glottic opening. This is done via a ‘blind’ maneuver without the aid of a laryngoscope. SADs are designed to aid in oxygenation and ventilation of a patient. i-gel is a SAD.

Applies to:	
E	EMT
P	Paramedic

## Clinical Indications:

1. Cardiac arrest
2. Respiratory arrest with no immediate reversible causes (e.g., hypoglycemia or opioid overdose)
3. Inability to adequately ventilate a patient with a bag valve mask (“BVM”) and basic airway adjunct
4. An unconscious patient without a gag reflex who is apneic or is demonstrating inadequate respiratory effort

## Contraindications:

1. Pediatric patient who can be measured on a length-based tape (< 37 kg)
2. Gag reflex
3. Caustic ingestion or esophageal burns
4. Known esophageal disease (e.g., cancer, varices, or stricture)
5. Laryngectomy with stoma; if present, place in ETT in stoma
6. Severe airway trauma
7. Trismus

## Complications:

1. Airway and/ or esophageal trauma
2. Regurgitation
3. Aspiration

## Procedure:




1. Prepare, position patient’s head in the sniffing position if not in SMR, and oxygenate with 100% oxygen. If in SMR, position the patient’s head in the neutral position.
2. Paramedics must document EtCO<sub>2</sub> reading preplacement.
3. Select proper i-gel size using weight-based chart.
4. Lubricate the device with water-based lubricant. Prepare suction.
5. If present, remove dentures or dental plates from mouth.
6. While gently pressing downwards on the chin, introduce the device into the mouth along the hard palette until resistance is felt. **DO NOT APPLY EXCESSIVE FORCE DURING INSERTION.**



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7. Attach BVM, EtCO<sub>2</sub>, and ventilate the patient at a rate of 6/minute.
8. Auscultate for breath and epigastric sounds while watching for rise and fall of chest.
9. Paramedics must confirm device placement using EtCO<sub>2</sub> and waveform capnography. SAD shall be continuously monitored via waveform capnography (paramedics) and pulse oximetry (EMTs and paramedics).
10. Secure device to patient via an approved method.
11. If, after placement, an i-gel device is ineffective, the device should be removed. Paramedics may remove an i-gel device to place an ETT.

Patient Weight (kg)	Patient size	i-gel size
37-60 kg	Small adult	 3
50-90 kg	Medium adult	 4
90+ kg	Large adult	 5

