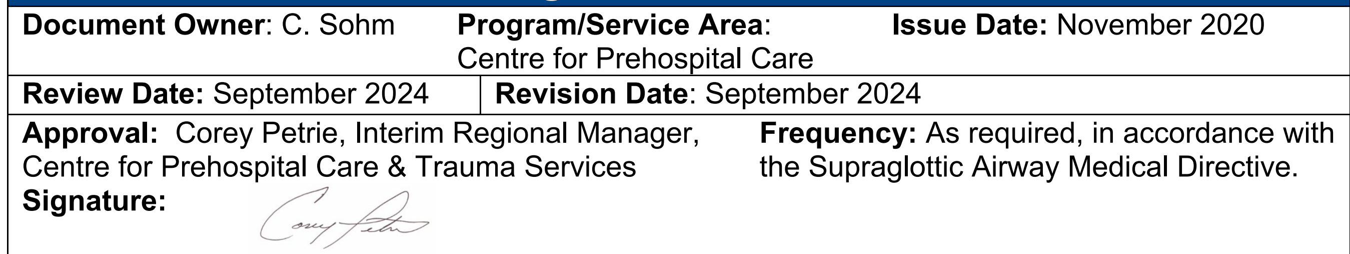
Centre for Prehospital Care
Health Sciences North

STANDARD WORK

i-gel INSERTION



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Approval: Corey Petrie, Interim Regional Manager, Centre for Prehospital Care & Trauma Services
Signature:

Frequency: As required, in accordance with the Supraglottic Airway Medical Directive.

Purpose: To ensure a consistent standardized practice for performing i-gel supraglottic airway insertion.

	Content	Details
1	Ensure that the patient qualifies for i-gel insertion or contact a Base Hospital Physician (BHP) for further direction.	
2.	Communicate the need for i-gel insertion, and its effects to the family member whenever possible.	
3	Wear appropriate PPE & attempt basic manoeuvres as needed: positioning, suctioning, pharyngeal airway insertion, and BVM with Intermittent Positive Pressure Ventilations (IPPV) in addition to application to high-flow high-concentration oxygen. Initiate cardiac monitoring and pulse oximetry (if available).	
4	Pre oxygenate the patient for 30-60 seconds with high-flow high-concentration oxygen (and IPPV, if required) and position patient appropriately (sniffing or neutral).	
5	Choose the appropriate size i-gel airway based on the patient’s weight.	While size selection on a weight basis should be applicable to the majority of patients, individual anatomical variations mean the weight guidance provided should always be considered in conjunction with a clinical assessment of the patient’s anatomy. This may require an i-gel of a size commensurate with the ideal body weight for their height rather than the actual body weight.
6	Open the cradle pack and transfer the i-gel into the lid of the cradle.	The i-gel cradle is for storage and protection only and must never be inserted into the patient’s mouth.
7	Apply a small bolus of lubricate to the smooth surface of the cradle and then grasp the i-gel along the integral bite block and lubricate the back, sides and front of the i-gel cuff with a thin layer of lubricant.	Ensure that no bolus of lubricant remains on the cuff.
8	Place the i-gel back in the cradle pack until ready for insertion.	

	Content	Details
9	With non-dominant hand, the chin should be gently pressed down and holding the SGA with dominant hand and introduce leading soft tip into the mouth in a direction towards the hard palate.	Sometimes a feel of 'give-way' is felt before the end point resistance is met. This is due to the passage of the i-gel through the faucial pillars.
10	Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt. The incisors should be resting on the integral bite block. If the teeth are located lower than the distal tip of the bite block, then it is likely the device has been incompletely inserted. Remove the i-gel and reinsert with a gentle jaw thrust applied by an assistant. If that does not resolve the problem, use one size smaller i-gel.	Once resistance is met and the teeth are located on the integral bite block, do not repeatedly push down on the i-gel.
11	Ventilate the patient with the BVM; confirm placement via End-Tidal CO2 or in its absence, a 5 point auscultation starting over the epigastrium and observe the chest rise. Reconfirm using 5 point auscultation and secure using a tube tie or tape.	The i-gel should be held in place until secured.
12	If the i-gel placement is unsuccessful after 30 seconds, stop and re-oxygenate. The paramedic may re-attempt insertion beginning at procedure 2 (to a maximum of 2 attempts per patient) and/or initiate immediate transport.	
13	**Primary Care Paramedics (PCP)**: If a second attempt fails, revert to BVM/pharyngeal airway management. **Advanced Care Paramedics (ACP)**: If a second attempt fails, revert to BVM/pharyngeal airway management or follow endotracheal intubation directive or other advanced airway directive.	
14.	If the patient regurgitates or vomits, turn the head to the side (if no spinal trauma suspected), remove the i-gel, suction the airway and either reinsert or manage the airway by alternate means according to paramedic skill level.	
15.	If stomach contents appear within the gastric access lumen, utilize a suction catheter and remove contents.	
16.	Document the procedure on the Ambulance Call Report as per the MoH Ambulance Documentation Standards and your Service Provider's policy.	• time of attempt • associated equipment used • size used • complications • reasoning for insertion • confirmation methods • patient condition before and after procedure

Expected Outcome: Successfully performs i-gel SGA insertion.