What is it?
The i-gel is a single use, supraglottic airway device replacing the King and LMA primarily used by EMS. It has adult and pediatric sizes.

*Sizing Chart

<table>
<thead>
<tr>
<th>Size</th>
<th>Description</th>
<th>Weight Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Small adult</td>
<td>30-60kg</td>
</tr>
<tr>
<td>4</td>
<td>Medium adult</td>
<td>50-90kg</td>
</tr>
<tr>
<td>5</td>
<td>Large adult</td>
<td>90+kg</td>
</tr>
</tbody>
</table>

How does it work?
The i-gel is a “blind” insertion device that rests over the laryngeal framework and provides a peri laryngeal seal without the use of an inflatable cuff

Who should it be used for?
Any unconscious patient in need of airway support during resuscitation.

When should an i-gel NOT be used?
- Patients who have recently had something to eat/drink prior to emergency anesthetic procedures (aspiration risk)
- Trauma to airway or laryngeal structure/mass/abscess
- Patients with any condition that may increase risk of a full stomach i.e. hiatal hernia, sepsis, morbid obesity, pregnancy, or history of upper gastro-intestinal surgery

Contact: Chad Galdys MSN, APRN, AGCNS-BC, CEN, EMT-B
Conscious or semi-conscious patient with intact gag reflex

**Maintenance**
Tape i-gel down across upper jaw (maxilla) on both sides of distal end of tube
- Do NOT leave i-gel in place for > than 4 hours
- Distal tube is 15mm and can accommodate BVM, CO2 detector etc.
- Incisor (teeth) should be level with line on distal portion of i-gel (see photo)
- OG tube can be inserted through gastric channel
- Do not use OG with suspected upper GI bleed

**Insertion (Providers)**
- Leave i-gel in container until ready for insertion. Do not place i-gel on unclean surface without protective guard
- Carefully inspect inside the bowl of the device, ensuring surfaces are smooth and intact
- Ensure that the gastric channel is patent.
- i-gel must be lubricated prior to insertion
- Patient should be in “sniffing position” prior to insertion. If extension is contraindicated due to injury or impossible due positioning restrictions, a jaw thrust can be used to open airway prior to insertion.
- Remove loose or fragile dental work prior to insertion
- The leading edge of the i-gel's tip must follow the curvature of the patient's hard palate upon insertion
- Insert fully until definitive resistance is felt. Correct placement prevents air leakage. If air leaks present, it could be due to sub optimal depth/placement.

**Trouble Shooting**
Difficulty inserting to depth
- Reposition patient into sniffing position or use jaw thrust to ensure proper airway clearance
- Excessive air leakage through the gastric channel
- Reposition tube to correct depth
- Patient coughing, bucking, excessive salivation, retching, laryngospasm and breath holding
- Inadequate levels of sedation prior to insertion