I-Gel

PROCEDURE

STEPS

1. Preoxygenate the patient; select the appropriate tube size for the patient
2. Inspect the cuff and tube for damage, and lubricate the gel cuff
3. Position the head extended with the neck flexed, unless contraindicated
4. Hold the i-Gel firmly along the bite block; with the non-dominant hand, hold the mouth open and apply chin lift (unless C-spine precautions or position contraindicate)
5. Position the device with the cuff outlet facing the patient; introduce the leading soft tip toward the hard palate
6. Glide the device downwards and backwards along the hard palate with a continuous, gentle push until definitive resistance is felt
7. Auscultate for breath sounds and over the epigastrium; look for chest rise and fall
8. Secure the tube with tape or other device; confirm placement with end-tidal CO2; paramedics: consider Procedural Tolerance

IF IT GOES WRONG

- This airway may not prevent aspiration of stomach contents
- Confirm placement with end-tidal CO2 and re-check breath sounds and chest rise

BEFORE YOU START

- Indications: inability to adequately ventilate with a BVM, or longer transports requiring a more advanced airway
- Indications: intubation not recommended due to care priorities, access, or difficult anatomy
- Indications: inability to secure an ETT in a patient without a gag reflex, after at least one failed intubation attempt
- The patient must be unconscious
- WARNING on the original: this airway may not prevent aspiration of stomach contents

KIT YOU NEED

- Size 3, small adult, 4–5 ft; size 4, medium adult, 5–6 ft; size 5, large adult, <6 ft (as printed on original)
- Also on the original's sizing chart: size 2, small pediatric, 10–25 kg
- Size 1.5, infant, 5–12 kg; size 1, neonate, <1–6 kg (as printed on original)
- Lubricant for the gel cuff; tape or securing device; end-tidal CO2 detector

Take Home Message:

Glide the lubricated i-Gel along the hard palate until resistance is felt — then confirm with end-tidal CO2 before you trust it.