



Amherst Fire District Procedure

i-gel Placement

Clinical Indications:

- Apnea, non-effective agonal respiratory effort
- Patient must be **unconscious, without a gag reflex**
- No history of esophageal foreign body, disease or caustic ingestion
- Failed endotracheal intubation.

Procedure:

1. Determine the correct i-gel size required for the patient according to weight as listed on the manufacturers packaging.
2. Apply a small amount of lubricating gel to the tip of the i-gel to aid in insertion; **do not over lubricate.**
3. Grasp the lubricated i-gel firmly along the integral bite block (tube portion of the device). Position the device so that the i-gel cuff outlet is facing toward the chin of the patient.
 - a. NOTE: be sure that there is only a thin layer of lubricant on the end of the i-gel to avoid blowing it into the lungs when ventilating.
 - b. Suction the upper airway prior to insertion as needed
4. The patient's head should be in the "sniffing" position, with head extended and neck slightly flexed forward. **If cervical injury is suspected, use modified "jaw thrust" instead of any flexion at the neck.** The chin should be gently pressed down/inferior before proceeding to insert the i-gel.
5. Introduce the leading soft tip into the mouth of the patient in a direction toward the hard palate.
6. Glide the device downwards and backwards along the hard palate with a continuous, but gentle push until a definitive resistance is felt.
7. Do not apply excessive force on the device during insertion. It is not necessary to insert your fingers or thumbs into the oral cavity of the patient during insertion of this device. If there is resistance during insertion, a 'jaw thrust' and slight rotation of the device is recommended.
8. At this point, the tip of the device should be located into the upper esophageal opening and the cuff should be located against the laryngeal framework. The incisors should be resting on the integral bite block.
9. Auscultate breath sounds, check for chest rise and confirm placement with ETCO₂ and SP0₂ monitoring.
10. Secure the tube

Contraindications:

- Obstructive lesions below the glottis.
- Trismus, limited mouth opening, pharyngo-perilaryngeal abscess, trauma or mass.
- Conscious or semi-conscious patients with an intact gag reflex

Certification Requirements:

- Successfully complete an annual skill evaluation inclusive of the indications, contraindications, technique, and the possible complications of the procedure.