	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8830.10
	PROGRAM DOCUMENT: **Supraglottic Airway i-Gel®**	Initial Date:	02/18/09
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Signature on File
EMS Medical Director

Signature on File
EMS Administrator

Purpose:

A. To establish the Emergency Medical Services (EMS) system standard for the establishment of a supraglottic airway.

B. To describe the situations where a supraglottic airway device may be established

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Authority:

A. California Code of Regulations, Title 22, Division 9
B. California Health and Safety Code, Division 2.5

Indications:

EMT:

A. Cardiac arrest management for age ≥ fifteen (15) years of age.

AEMT and/or Paramedic ONLY:

A. Newborn (≥2 kg) – ADULT
   1. Advanced airway in cardiac arrest airway management.
   2. Respiratory failure.
   3. Backup advanced airway when endotracheal intubation cannot be achieved.
   4. When non-invasive airway management is inadequate.

Approved Supraglottic Airway Devices:

A. I-Gel®

Contraindications:

A. Responsive patients with intact gag reflex
B. Patients with known esophageal disease
C. Ingestion of caustic substance
D. Difficulty in advancing the i-Gel® due to resistance upon insertion attempt
E. Presence of tracheostomy or stoma
F. Burns involving the airway
G. Foreign body airway obstruction

Relative Contraindications:

A. Anatomical disruption of the oropharynx

Procedure:

I-Gel®

A. Lubricate i-gel® with manufacture lubricant
B. Ensure the gag reflex is not intact
C. Place the patient's head in a sniffing or neutral position. Maintain spinal motion restriction if indicated
D. Introduce i-gel into the mouth and advance behind the base of the tongue. Never force the tube into position
E. Advance tube until the base of the connector aligns with teeth or gums
F. Confirm placement by auscultating bilateral breath sounds and end-tidal CO_2 detector. Response to confirmation may be slower than endotracheal intubation
G. Secure the tube using an approved device and ventilate with a BVM and 100% O_2.
H. The tube's position shall be reevaluated after moving the patient
I. No medication is to be administrated through the supraglottic device

Potential Complications:

A. Subcutaneous emphysema
B. Perforated trachea or esophagus
C. Retropharyngeal perforation

Precautions and Special Considerations:

A. Emergency Removal:

In situations where patient combativeness makes continued intubation with a supraglottic airway device dangerous, the presence of a gag reflex, or inadequate ventilation with the supraglottic device, the tube may be removed.

1. Have suction and BVM for assisted ventilations
2. Position the patient to minimize the risk of aspiration
3. Remove the tube
4. Suction and assist ventilations as necessary

B. Airway Management:

Frequently reassess advanced airway placement. Bilateral breath sounds are to be checked after each move of the patient, e.g., placing the patient on the gurney, moving the patient to the ambulance, loading the patient into the ambulance, and unloading the patient at the hospital.

Cross Reference: PD# 8020 – Respiratory Distress: Airway Management Policy.
PD# 9003 – Pediatric Respiratory Distress: Reactive Airway Disease, Asthma, Bronchospasm, Croup, or Stridor.