Definitions:
1. Supraglottic Airway Device (SAD): A device that is placed into the oral pharynx and subsequently placed over the glottic opening. This is done in a 'blind' maneuver without the aid of a laryngoscope. This will aid in the oxygenation and ventilation of the patient.
2. The I-Gel is the approved supraglottic airway device for Contra Costa County EMS.

Indications:
1. Cardiac Arrest
2. Respiratory arrest with no immediate reversible cause (i.e. hypoglycemia or opioid overdose)
3. Inability to adequately ventilate a patient with a Bag Valve Mask (BVM) and basic airway adjunct.
4. An unconscious patient without a gag reflex who is apneic or is demonstrating inadequate respiratory effort
5. For EMT's with approved optional scope: Patients greater than or equal to 15 years of age in need of airway protection or unable to be adequately ventilated with BVM.

Contraindications:
1. Gag reflex
2. Caustic ingestion – Esophageal burns
3. Known esophageal disease (e.g. cancer, varices or stricture)
4. Laryngectomy with stoma – if present, place ETT in stoma
5. Severe airway trauma
6. Trismus

Complications:
1. Airway and/or esophageal trauma
2. Regurgitation
3. Aspiration

Procedure:
1. Prepare, position and oxygenate the patient with 100% Oxygen.
2. Document the pre-intubation EtCO₂ reading.
3. Select proper I-Gel using weight based chart.
4. Lubricate the I-Gel with water-based lubricant, get suction ready.
5. If present, remove dentures or plates from the mouth prior to insertion.
6. Remove the I-Gel cradle and gently press the chin downwards and introduce the iGel into the mouth with the opening towards the chin, along the hard palate until a definitive resistance is felt. **Do not apply excessive force on the I-Gel upon insertion.**
7. Attach BVM, ETCO₂ and ventilate the patient.
8. Auscultate for breath sounds and sounds over the epigastrium and look for the chest to rise and fall.

9. **Confirm tube placement using EtCO₂ and waveform capnography.** It is required that the airway be monitored continuously through waveform capnography (ALS providers) and pulse oximetry.

10. Secure I-Gel airway to patient with an approved method.

<table>
<thead>
<tr>
<th>i-gel size</th>
<th>Patient size</th>
<th>Patient weight guidance (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Small adult</td>
<td>30-60</td>
</tr>
<tr>
<td>4</td>
<td>Medium adult</td>
<td>50-90</td>
</tr>
<tr>
<td>5</td>
<td>Large adult+</td>
<td>90+</td>
</tr>
</tbody>
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