

Special Procedures

S-15 Supraglottic Airway

<u>Color/Size</u>	<u>Age Range</u>	<u>Weight</u>
● 1	Neonate	2-5kg
● 1.5	Infant	5-12kg
● 2	Small Pediatric	10-25kg
● 2.5	Large Pediatric	25-35kg
● 3	Small Adult	30-60kg
● 4	Medium Adult	50-90kg
● 5	Large Adult	90kg+

ALS Treatment

i-gel Supraglottic Airway

INDICATIONS:

- Traumatic and non-traumatic cardiac or respiratory arrest.
- Severe ventilatory compromise where BLS techniques are not adequate.

PROCEDURE:

1. Prepare equipment and pre-oxygenate the patient.
2. Select an appropriately sized i-gel device.
3. Apply water-soluble lubricant to distal end of tube.
4. Place patient's head in the "sniffing position", if there is suspected cervical spine injury use neutral position with manual stabilization.
5. Position device so the cuff faces the patient's chin and introduce the leading tip into the mouth in a direction towards the hard palate.
6. Glide the device downward and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt.
7. Confirm airway placement by:
 - Rise and fall of the chest
 - Bilateral lung sounds
 - Gastric auscultation
 - Continuous waveform capnography
8. If there is any question about proper placement of the i-gel, remove device, ventilate the patient with BVM for 30 seconds, and repeat process.
9. Secure the tube with commercial device or tape.
10. Continually monitor EtCO₂ and tube placement throughout prehospital treatment.