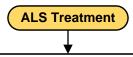
## Special Procedures S-15 Supraglottic Airway

<u>Color/Size</u>	Age Range	<u>Weight</u>
1	Neonate	2-5kg
1.5	Infant	5-12kg
2	Small Pediatric	10-25kg
2.5	Large Pediatric	25-35kg
9 3	Small Adult	30-60kg
• 4	Medium Adult	50-90kg
9 5	Large Adult	90kg+



## 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.