

I-gel

Effective: 03/01/2022

Supersedes:
N/A

Approved Provider: EMT, AEMT, Paramedic

Reference Protocols: [Breathing Difficulty](#), [CAPE](#)

Indications

- Primary airway in cardiac arrest
- Adult unresponsive medical or trauma patients without a gag reflex
- I-gel is the backup airway for ET Intubation

Contraindications

- Responsive patients with intact gag reflex
- Severe neck swelling or trauma
- Patients who have ingested caustic substances
- Foreign body airway obstruction

Precautions

- Ensure appropriate PPE is worn while bagging patient due to risk of regurgitation from gastric tube port

Procedure

- Gather appropriately sized I-gel
- Pre oxygenate patient
- Lubricate I-gel
- Prepare tube tamer
- Place patient head in sniffing position (ideal) or neutral for C-spine injury (acceptable)
- Hold I-gel with dominant hand and with non-dominant hand hold mouth open while providing jaw lift. Place cupped side towards the feet and insert straight down.
- Continue to advance I-gel straight down until definitive resistance is met
- Secure device with tube tamer
- Ventilate the patient with BVM
- Confirm placement with breath sounds and ETCO2

Complications

- Unrecognized improper placement can result in hypoxia

Documentation

- Indications for procedure
- Description of procedure
- Response to procedure

Notes

- Slight resistance may be felt prior to proper seating of the I-gel due to its passage through the facial pillars. Ensure definitive resistance is felt before insertion is considered complete.