Adult Supraglottic Airway Device Performance Criteria

Objective: Describe the indications/contraindications for utilization of an i-gel Supraglottic Airway Device (SAD) and demonstrate the ability to proficiently perform the procedure.

Equipment: Appropriate PPE, adult intubation manikin, oropharyngeal airway (OPA), appropriate sized i-gel SAD, water soluble lubricant, tape or i-gel airway support strap, stethoscope, bag valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, ETCO2 monitoring equipment.

Performance Criteria: The ~~A~~EMT, or paramedic will be required to adequately describe the indications/ contraindications and complications for placement of an i-gel SAD and proficiently perform the procedure on a manikin.

Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE.		
2	Assure patent airway, oxygenation, ventilations, and have suction available.		
3	Assure monitor and pulse oximetry is applied.		
4	Verbalizes proper i-gel SAD size based on patient size: • Size 3 – i-gel small adult SGA (30-60kg). • Size 4 – i-gel medium adult SGA (50-90kg). • Size 5 – i-gel large adult SGA (90+kg).		
5	Verbalizes SAD indications: • Patients in need of advanced airway protection and/or unable to be adequately ventilated with a BVM when orotracheal intubation is unavailable or unsuccessful. • Patients in need of rapid advanced airway control when orotracheal intubation is anticipated to be difficult or likely to interrupt continuous chest compressions.		
6	Verbalizes SAD contraindications: • Intact gag reflex. • Caustic ingestion. • Unresolved complete airway obstruction. • Trismus or limited ability to open the mouth and insert the		

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	device. • Oral trauma (relative). • Distorted anatomy that prohibits proper device placement (relative).		
7	Verbalizes the following procedures that should be utilized prior to placement of a SAD as patient condition and circumstances permit: • If possible, pre-oxygenate with high flow O_2 via NRM or BVM as appropriate for three (3) to five (5) minutes. • Apply high flow NC (10 – 15 L/min) in addition to NRM or BVM to augment pre-oxygenation. • Position patient in a semi-recumbent or reverse trendelenburg position if possible. • Continue utilizing passive oxygenation via NC during SAD placement attempt.		
8	Opens the package and removes the protective cradle containing the SAD.		
9	Removes the SAD from the protective cradle and transfers it to the palm of the same hand, supporting the device between the thumb and index finger.		
10	Places a small amount of a water-based lubricant onto the middle of the smooth surface of the protective cradle.		
11	Grasps the SAD with the opposite (free) hand along the integral bite block and lubricates the back, sides, and front of the cuff with a thin layer of lubricant.		
12	Inspects the SAD to confirm there are no foreign bodies of lubricant obstructing the distal opening.		
13	Places the SAD back into the protective cradle in preparation for insertion.		
14	Removes the SAD from the protective cradle and grasps the lubricated device firmly along the integrated bite block.		
15	Positions the SAD so that the cuff outlet is facing towards the chin of the patient.		

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16	Instructs other rescuer to stop ventilations and removes OPA (if in place).		
17	Places the patient's head in the 'sniffing' position and gently presses down on the chin unless cervical spine injury is suspected.		
18	Hold the i-gel firmly at the bite block with the dominant hand. With the non-dominant hand, open the mouth applying a chin lift.		
19	Introduces the leading soft tip of the SAD into the patient's mouth in a direction towards the hard palate.		
20	Glides the SAD downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt. • The teeth should be resting on the integral bite block. • Sometimes the 'give-way' is felt before the end point resistance is met – It is important to continue to insert the device until a definitive resistance is felt. • Once definitive resistance is met and the teeth are located on the integral bite block, do not repeatedly push the device down or apply excessive force during insertion.		
21	Attaches BVM to device and ventilates at appropriate rate and volume		
22	Confirms airway patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate ETCO2 monitoring methods based on available equipment.		
23	Properly secures device using tape or airway support strap.		
24	Re-evaluates SAD placement after each patient movement or upon transfer of care to other prehospital or hospital personnel.		

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