| NOR-CAL EMS | 05-0902 | Skills: Pediatric i-gel® Supraglottic Airway Device Competency |
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| Nor-Cal EMS Policy & Procedure Manual | BLS/ALS Protocols |
| Effective Date: 10/01/2020 | Next Revision: 10/01/2023 |
| Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR | SIGNATURE ON FILE |

**Authority:** Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

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| Provider Name:<br>Provider's Signature: | Cert #:<br>Provider Agency: |
| Validator's Name:<br>Validator's Signature: | Date: |

| PERFORMANCE CRITERIA | MET (Initials) | NOT MET (Initials) | COMMENTS |
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| 1. Verbalizes/demonstrates use of appropriate PPE. | | | |
| 2. Verbalizes proper i-gel SAD size based on patient size:<br>A. Size 1.0 – i-gel neonate SGA (2-5kg).<br>B. Size 1.5 – i-gel infant SGA (5-12kg).<br>C. Size 2.0 – i-gel small pediatric SGA (10-25+kg).<br>D. Size 2.5 – i-gel large pediatric SGA (25-35 kg). | | | |
| 3. Verbalizes SAD indications:<br>A. Pediatric patients in need of advanced airway protection or unable to be adequately ventilated with a BVM. | | | |
| 4. Verbalizes SAD contraindications:<br>A. Intact gag reflex.<br>B. Caustic ingestion.<br>C. Unresolved complete airway obstruction.<br>D. Trismus or limited ability to open the mouth and insert the device.<br>E. Oral trauma (relative).<br>F. Distorted anatomy that prohibits proper device placement (relative). | | | |
| 5. Verbalizes the following procedures that should be utilized prior to placement of a SAD as patient condition and circumstances permit:<br>A. If possible, pre-oxygenate with high flow O2 via NRM or BVM as appropriate for three (3) minutes.<br>B. Apply high flow NC (10 – 15 L/min) in addition to NRM or BVM to augment pre- oxygenation.<br>C. Position patient in a semi-recumbent or reverse trendelenburg position if possible.<br>D. Continue utilizing passive oxygenation via NC during SAD placement attempt. | | | |
| 6. Opens the package and removes the cage pack containing the SAD. | | | |
| 7. Opens the cage pack and transfers the SAD into the lid of the cage. | | | |
| 8. Places a small amount of a water-based lubricant onto the middle of the smooth surface of the cage pack. | | | |
| 9. Grasps the SAD along the integral bite block and lubricates the back, sides and front of the cuff with a thin layer of lubricant. | | | |

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| 10. Inspects the SAD to confirm there are no foreign bodies of lubricant obstructing the distal opening. | | | |
| 11. Places the SAD back into the cage pack in preparation for insertion. | | | |
| 12. Removes the SAD from the cage pack and grasps the lubricated device firmly along the integrated bite block. | | | |
| 13. Positions the SAD so that the cuff outlet is facing towards the chin of the patient. | | | |
| 14. Instructs other rescuer to stop ventilations and removes OPA (if in place). | | | |
| 15. Places the patient's head in the 'sniffing position' and gently presses down on the chin. | | | |
| 16. Introduces the leading soft tip of the SAD into the patient's mouth in a direction towards the hard palate. | | | |
| 17. Glides the SAD downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt.<br>A. The teeth should be resting on the integral bite block.<br>B. 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.<br>C. 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. | | | |
| 18. Attaches BVM to device and ventilates at appropriate rate and volume. | | | |
| 19. Confirms airway patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate $ETCO_2$ Wave Form monitoring methods based on available equipment. | | | |
| 20. Properly secures device using tape or airway support strap. | | | |
| 21. Re-evaluates SAD placement after each patient movement or upon transfer of care to other prehospital or hospital personnel. | | | |