

Subject: Scope of Practice/Procedure – ALS  
Supraglottic Airway Device (SAD) – i-GEL<sup>02</sup>Airway

Associated Policies:

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- I. Authority:
  - A. Health and Safety Code, Division 2.5.
  - B. California Code of Regulations, Title 22, Division 9.
  
- II. Purpose:

The purpose of this policy is to define training standards, criteria, and procedures for the use of the supraglottic airway device (SAD) – i-GEL<sup>02</sup>Airway.
  
- III. Indications:
  - A. Inability to secure an endotracheal tube in a patient who does not have a gag reflex with inadequate or absent respirations.
  - B. Appropriate intubation is impossible due to patient access or difficult airway anatomy.
  - C. Use for pediatric patients when BVM is not adequate.
  
- IV. Contraindications:
  - A. Intact gag reflex.
  - B. Esophageal burns from caustics.
  - C. Complete airway obstruction.
  - D. Trismus
  - E. Distorted anatomy preventing placement,
  - F. Adequate BVM ventilations.
  - G. Esophageal disease.
  
- V. Complications:
  - A. Airway trauma
  - B. Regurgitation
  - C. Aspiration
  - D. Direct trauma to the esophagus.
  
- VI. Equipment:
  - A. Appropriately sized SAD.
  - B. Water based lubricant.
  - C. Suction device.
  - D. Securing device for SAD.
  - E. Bag value mask
  - F. Stethoscope
  - G. Pulse oximetry device
  - H. End Tidal CO<sub>2</sub> capnography/colorimetric device\*\*\*.

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**VII. Procedure:**

- A. Assure patent airway.
- B. Apply monitor (ECG) and pulse oximetry.
- C. Pre-oxygenate with 100% oxygen.
- D. Apply chin life and introduce the SAD into the mouth.
- E. Attach BVM and ventilate.
- F. Assess lung sounds and secure the device.
- G. Connect the ETCO<sub>2</sub> device and pulse oximetry and monitor throughout transport.

**VIII. Documentation on ePCR:**

- A. Time of insertion.
- B. Reason for device use (Failed intubation, unable to ventilate via BVM, etc).
- C. Successful or unsuccessful placement and number of attempts.
- D. Complications including dislodgement, hypoxia, bleeding/trauma or vomiting.
- E. If dislodgement occurs, was there successful replacement.

\*\*\* Please note: After January 1, 2020, any intubation of a pediatric patient must be confirmed via waveform capnography.