

QUICK STEP GUIDE

Prepare Patient

Size Selection

Pre-Insertion Preparation

























Insertion Technique

Correct Position

Gastric Tube Placement

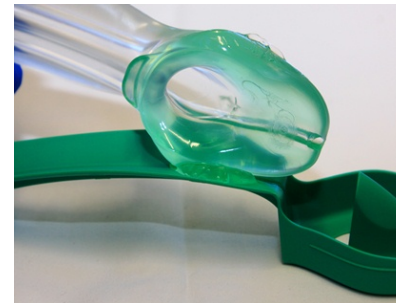
Supporting Information

**Aim: To establish and maintain a clear airway in unconscious patients with absent cough/gag reflex and/or hypoventilating**

Method	Procedure	Comments																									
<b>Prepare Patient</b>	<ul style="list-style-type: none"> <li>PPE </li> <li>Basic airway management</li> <li>Pre-oxygenation</li> </ul>	<ul style="list-style-type: none"> <li>Patient should always be in the “sniffing position”, Head extended and neck flexed prior to insertion</li> <li>Apply caution in suspected spinal injuries</li> </ul>																									
<b>Size Selection</b>	<ul style="list-style-type: none"> <li>Select appropriate size by assessing patient’s “oral anatomy” and estimated weight</li> </ul>	Refer to supporting information <table border="1" data-bbox="902 730 2002 1050"> <thead> <tr> <th>i-gel size</th> <th>Patient size</th> <th>Patient weight guidance (kg)</th> </tr> </thead> <tbody> <tr> <td> 1</td> <td>Neonate</td> <td>2-5</td> </tr> <tr> <td> 1.5</td> <td>Infant</td> <td>5-12</td> </tr> <tr> <td> 2</td> <td>Small paediatric</td> <td>10-25</td> </tr> <tr> <td> 2.5</td> <td>Large paediatric</td> <td>25-35</td> </tr> <tr> <td> 3</td> <td>Small adult</td> <td>30-60</td> </tr> <tr> <td> 4</td> <td>Medium adult</td> <td>50-90</td> </tr> <tr> <td> 5</td> <td>Large adult+</td> <td>90+</td> </tr> </tbody> </table>		i-gel size	Patient size	Patient weight guidance (kg)	 1	Neonate	2-5	 1.5	Infant	5-12	 2	Small paediatric	10-25	 2.5	Large paediatric	25-35	 3	Small adult	30-60	 4	Medium adult	50-90	 5	Large adult+	90+
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<b>Pre-Insertion Preparation</b>	<ul style="list-style-type: none"> <li>Inspect packaging and ensure it is not damaged</li> </ul>																										

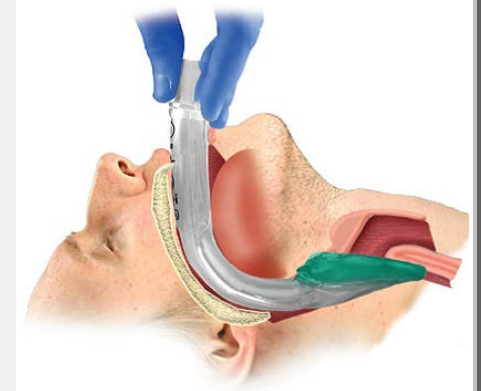
## Pre-Insertion Preparation continued.

- Remove protective cradle from package, remove i-gel
  - Support i-gel in one hand
  - Place a small amount of lubricant onto the middle of the cradle or open packet
  - Lubricate back, sides and front, with a thin layer of lubricant
  - Place i-gel back onto cradle or packet to keep it clean
- Only use water based lubricant
  - Check that no BOLUS of lubricant remains in the bowl of the cuff or elsewhere on the i-gel
  - Do not touch the cuff with your hands
  - Do not apply lubricant too long before insertion



**Insertion Technique**


- Grasp lubricated i-gel along the integral bite block
- Position i-gel with outlet facing towards the chin of your patient
- Patient should ideally be in “sniffing position”
- Chin should be gently pressed inferiorly, opening the mouth before inserting i-gel
- Introduce leading soft tip into mouth in a direction towards the hard palate
- Glide i-gel downwards and backwards along hard palate with a continuous but gentle push until a definitive resistance is felt
- Secure i-gel with cotton tape



Approved by:

Director of Education

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<p><b>Correct Position</b></p>	<ul style="list-style-type: none"> <li>• Adult sizes 3, 4 and 5</li> <li>• Neonatal, Infant and Paediatric sizes 1, 1.5, 2, 2.5</li> </ul>	<ul style="list-style-type: none"> <li>• A horizontal line at the middle of the integral bite-block which represents correct position of the teeth/gums in the case of edentulous patients</li> <li>• Neonatal, Infant and Paediatric sizes do not have a horizontal line on the integral bite-block</li> <li>• Caution should be applied if patient is biting on i-gel prior to removal</li> </ul>	 <p>Adult</p> <p>Paediatric</p>
<p><b>Gastric Tube Placement</b></p>	<ul style="list-style-type: none"> <li>• <b>ICP use only</b></li> <li>• Measure gastric tube as per skill 101.8</li> <li>• Insert into proximal opening at side of the flat connector wing</li> <li>• Do not use excessive force during insertion</li> </ul>	<ul style="list-style-type: none"> <li>• Distal tip of i-gel fits snugly and anatomically correctly into upper oesophageal opening</li> <li>• Distal opening of gastric channel allows the passing of the intragastric tube to empty stomach contents and can facilitate venting of gas from the stomach</li> </ul>	<ul style="list-style-type: none"> <li>• Gastric channel can also provide an early indication of regurgitation</li> <li>• Size 1 i-gel does not have a gastric channel</li> <li>• Refer to supporting information for nasogastric sizing</li> </ul>

## SUPPORTING INFORMATION

## Sizing

Whilst size selection on a weight basis should be applicable to the majority of patients, individual anatomical variations mean the weight guidance provided should always be considered in conjunction with a clinical assessment of the patient's anatomy.

An i-gel of a size commensurate with the ideal body weight for a patient's height should be selected rather than their actual weight. For example a patient may weigh 100kg but be 160cm tall. A size 3 i-gel would be preferable to select rather than a size 5

## Insertion Technique

- Sometimes a feel of "give-way" is felt before the end point resistance is met. This is due to the passage of the bowl of the i-gel through the faucial pillars (pharyngo-epiglottic folds)
- Once resistance is met and the teeth are located on the integral bite block, do not repeatedly push i-gel down or apply excessive force
- No more than three attempts in one patient should be attempted



## Clinical Assessment and Documentation



- This intervention has the potential to alter multiple vital signs
- Regularly repeat and document ABCD physical examinations and physiological observations in order to identify trends in clinical deterioration, response to therapy or the development of new problems

## Sizes of Intra-gastric Tubes

i-gel size	Intra-gastric Tube Size (FG)
1	N/A
1.5	10
2	12
2.5	12
3	12
4	12
5	14

## Do not use gastric channel if:

- Excessive air leak through gastric channel
- Oesophageal trauma
- History upper gastro-intestinal surgery
- Bleeding/clotting abnormalities

## I-gel insertion considerations:

- Insert with care in cases of severe facial and airway trauma
- Do not attempt insertion in cases of trismus or limited mouth opening
- Do not use excessive force
- Insert with care in patients with fragile or vulnerable dental work
- Remove ill-fitting dentures before attempting insertion

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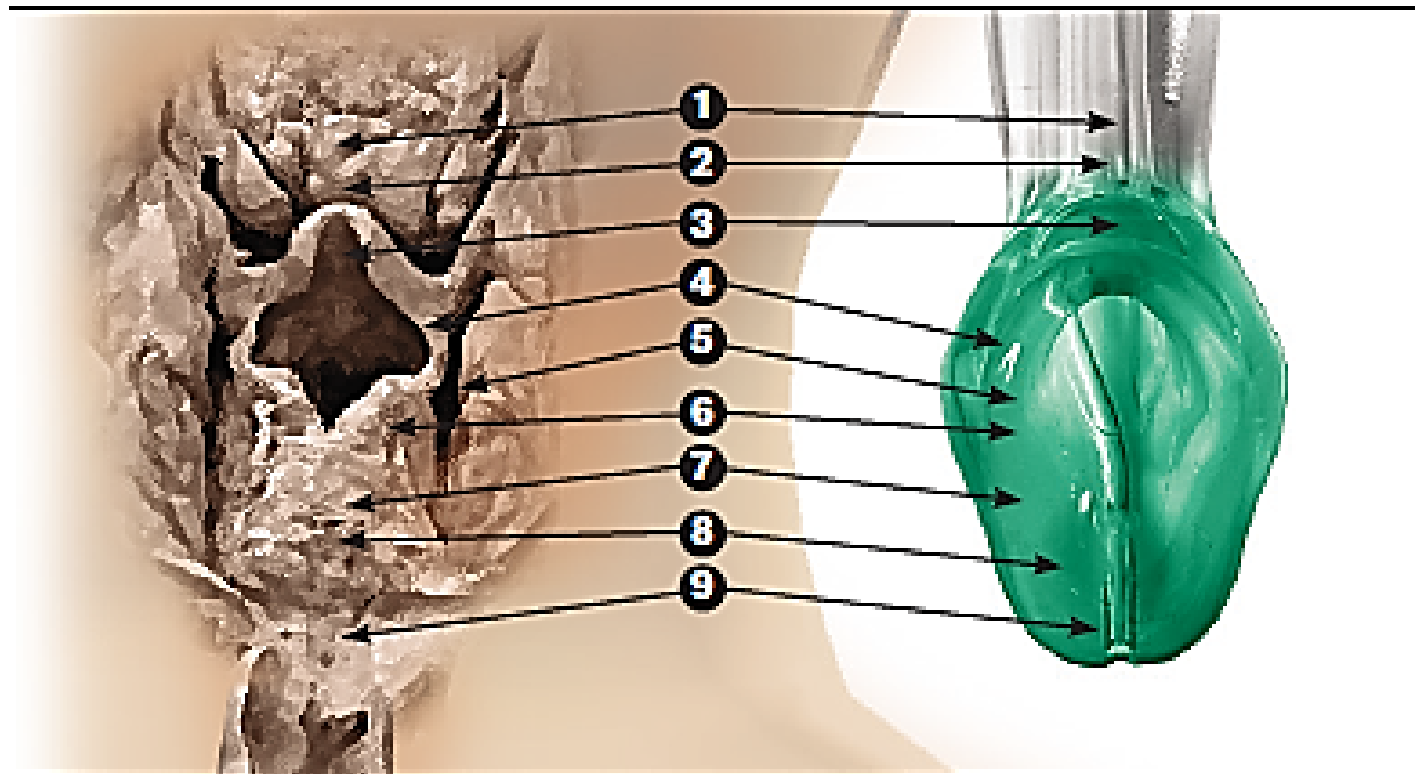


Figure 1: View of the i-gel cuff in relation to the laryngeal framework

- |                        |                              |
|------------------------|------------------------------|
| 1. Tongue              | 6. Posterior cartilages      |
| 2. Base of tongue      | 7. Thyroid cartilage         |
| 3. Epiglottis          | 8. Cricoid cartilage         |
| 4. Aryepiglottic folds | 9. Upper oesophageal opening |
| 5. Piriform fossa      |                              |