

i-gel Process & Update



What's in the kit:

- I-gel size 3/4/5
- Securer (Strap)
- Lube
- Capnography for LP15
- OPA
- NPA

- 1. This is a standing order for approved EMTs using an i-Gel Resus Pack on Adult Cardiac Arrest patients.**
- 2. Providers must monitor waveform capnography and check lung and epigastric sounds.**
- 3. If an ALS provider intercepts the BLS unit, the ALS provider must confirm correct placement and sign the airway verification section of the BLS ePCR.**
- 4. If no ALS is available, the emergency department Medical Control NP, PA, or Physician (MD/DO) must confirm placement and sign the airway verification section of the BLS ePCR.**
- 5. Key Points/Considerations**
 - a. Do not delay beginning compressions to begin ventilations**
 - b. Do not delay ventilations to connect supplemental oxygen**
 - c. Adequate ventilation may require disabling the pop-off valve if the bag-valve mask unit is so equipped**
 - d. Do not interrupt compressions for placement of an airway**
 - e. Ongoing assessment is required to assess the effectiveness of ventilations**
 - f. Do not delay transport**

Gel Supraglottic Airway Insertion for EMTs

EMT

1. Follow Adult Respiratory Arrest / Failure protocol components:
 - Open the airway using the head-tilt/chin-lift or modified jaw-thrust maneuver
 - Remove any visible airway obstruction by hand
 - Clear the airway of any accumulated secretions or fluids by suctioning
 - Provide positive pressure ventilation using a bag-valve mask
 - If ventilations are not successful, refer immediately to the “Extremis: Foreign Body Obstructed Airway” protocol
 - BLS airway management with use of airway adjuncts and bag-valve mask device, as indicated, including suction as needed, if available
 - Bag-valve mask should be connected to supplemental oxygen, if available
 - Ventilate every 5-6 seconds (adult patient)
 - Each breath is given over 1 second and should cause visible chest rise
2. Prepare and insert Gel Supraglottic Airway as per manufacturer's instructions
3. Attach and monitor waveform capnography
4. Confirm presence of bilateral lung sounds
5. Confirm absence of epigastric sounds
6. Secure the Gel Supraglottic Airway as per manufacturer's instructions
7. Continue to ventilate the patient as you would if no supraglottic airway was in place
8. If ALS intercepts, an ALS provider must confirm correct placement
9. If no ALS is available, the emergency department Medical Control NP, PA, or Physician (MD/DO) must confirm placement
10. Document in the ePCR all confirmation methods used to confirm correct placement

ESO ePCR i-gel Documentation Process

Flow Chart slide 1 of 2

- INCIDENT
- PATIENT
- VITALS
- FLOWCHART
- ASSESSMENTS
- NARRATIVE
- FORMS
- BILLING
- SIGNATURES

AIRWAY

Search

Back Blows	CPAP	ETCO2 Monitoring
Heimlich Maneuver	iGEL 1	King Airway
Manual Airway	Needle Cricothyrotomy	NPA
Orotracheal Intubation	Oxygen	Pleural Decompression
QuickTrach (Child)	Rapid Sequence Intubation (RSI)	Retrograde Intubation
Suction	Video Laryngoscopy	

iGEL

Not Performed

Time _____ Date _____ Prior to Arrival

Size _____

~~Placed At _____ cm _____~~

~~Assisting Device _____~~

Visualization Method _____

Stop Time _____ Date _____

Only use if i-gel failed & needed to be removed*

Successful Yes No

Placement Verification _____

Flow Chart slide 2 of 2

INCIDENT PATIENT VITALS FLOWCHART ASSESSMENTS NARRATIVE FORMS BILLING SIGNATURES

AIRWAY

Back Blows	CPAP	ETCO2 Monitoring
Heimlich Maneuver	iGEL 1	King Airway
Manual Airway	Needle Cricothyroidotomy	NPA
Orotracheal Intubation	Oxygen	Pleural Decompression
QuickTrach (Child)	Rapid Sequence Intubation (RSI)	Retrograde Intubation
Suction	Video Laryngoscopy	

iGEL Not Performed OK

Complications

Comments

General

Provider

Patient Response

Complication

Medical Control

Protocol (Standing Order)

Physician/Ref #

Narrative



INCIDENT



PATIENT



VITALS



FLOWCHART



ASSESSMENTS



NARRATIVE



FORMS



BILLING



SIGNATURES

Improved

Worse

Unchanged

IMPRESSION

SIGNS/SYMPTOMS

COMPLAINT

INJURIES

FACTORS

TRANSPORT

NARRATIVE



Narrative

Add narrative as you would for a Cardiac arrest

i-gel placed successful per ? (MD, NP, PA)

Size:

ETC02:

Breath sounds: Auscultated bilateral with positive air flow

Epi gastric: Neg Auscultated epi gastric sounds following airway

Forms > Specialty Patient Forms (Advanced Airway)

The screenshot displays a medical software interface with a blue navigation bar at the top containing icons for INCIDENT, PATIENT, VITALS, FLOWCHART, ASSESSMENTS, NARRATIVE, FORMS, BILLING, and SIGNATURES. Below the navigation bar, the 'Specialty Patient Forms' section is visible, featuring a grid of form categories: Acute Coronary Syndrome, Advanced Airway (highlighted with a red box), Cincinnati Stroke Scale, CPR - Cardiopulmonary Resuscitation, Obstetrical, Influenza Screening, Outbreak Screening, and LAMS Stroke Scale. To the right, a 'DETAILS' panel for the 'Advanced Airway' form is shown, with a green 'OK' button. This panel includes sections for 'MALLAMPATI' and 'GRADING' (both crossed out with a red X), 'Indications' (Apnea/Agonal Respirations), 'Monitoring Devices' (CPR, EtCO2), 'Time Intubation Abandoned' (with a time input field 'hh:mm:ss' crossed out), 'Date' (with a date input field 'mm/dd/yyyy' crossed out), 'Rescue Devices' (BVM), and 'Reasons for Failed Intubation' (N/A).

Signature from Facility (Hospital) If ALS did not intercept and sign

The screenshot displays a medical software interface with a blue navigation bar at the top containing icons for INCIDENT, PATIENT, VITALS, FLOWCHART, ASSESSMENTS, NARRATIVE, FORMS, BILLING, and SIGNATURES. The main content area is divided into three sections: Billing Authorization (Choose One), Standard Signatures, and Custom Documents. The 'Facility Signatures' option under Standard Signatures is highlighted with a green border. A modal window titled 'Facility Signatures' is open, showing a signature capture area with a 'Click here to sign' prompt and an 'OK' button. Below this, the 'Airway Confirmation' section is visible, with a 'Printed Name' field containing 'MD/DO, NP, PA, ALS (Put which one with FULL printed name)' highlighted in green. A second signature capture area is shown below with a 'GET IT!' prompt and a 'Click here to sign' prompt.

INCIDENT PATIENT VITALS FLOWCHART ASSESSMENTS NARRATIVE FORMS BILLING SIGNATURES

Billing Authorization (Choose One)

- Section I - Patient / Parent of Minor Authorization Signature
- Section II - Authorized Representative Signature
- Section III - Refusal of Care Signature

Standard Signatures

- Provider Signatures
- Facility Signatures**
- Refusal of Care Signatures

Custom Documents

- Controlled Substances
- Animal Bite Registry Form
- BLS PALS
- Child Abuse Form
- CPAP Audit Form 21717
- ET QI
- Public Health Bite Complaints
- RSI MFI ETT Confirmation Form 2018

Facility Signatures OK

Click here to sign

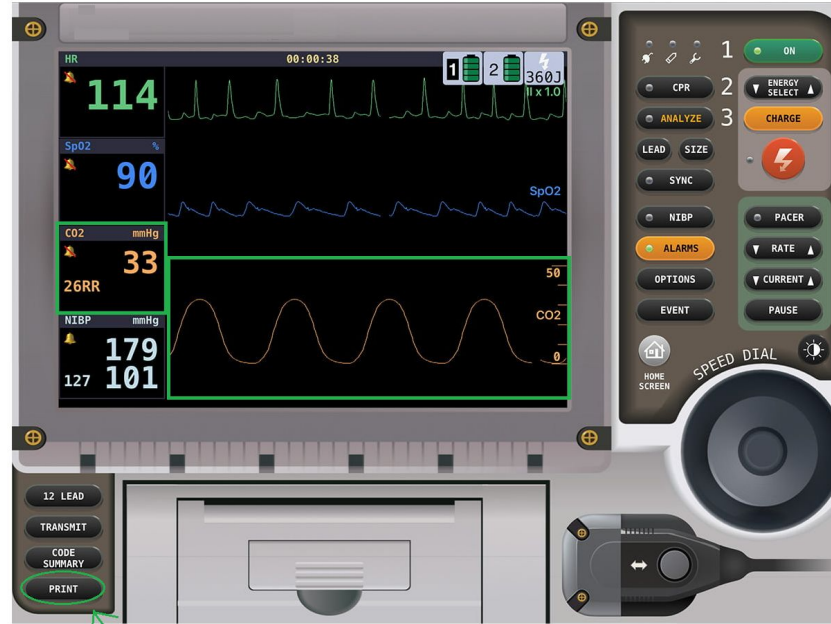
Airway Confirmation

Printed Name
MD/DO, NP, PA, ALS (Put which one with FULL printed name)

Signature

GET IT!
 Click here to sign

ETCO2 Logging



In order to "log" the ETCO2 numbers that appear, you must hit "print," then press "print" again after one second. Any major change in ETCO2 providers should repeat this process. If this process is not done, the monitor may not log the numbers that appear.

Remember ALL vitals need a RR (Respiratory Rate)

General Scoring ECG													
Time	AVPU	Side	Pos	BP	MAP	Pulse	RR	SpO ₂	EtCO ₂	CO	BG	Temp	
11:54:46	--	--	--		--	65	--		6	--	--		☰
11:54:08	--	--	--		--	75	9		8	--	--		☰
11:53:30	--	--	--		--	76	11		11	--	--		☰
11:50:01	--	--	--		--	--	--		--	--	--		☰
11:48:30	--	--	--		--	132	12		38	--	--		☰
11:46:10	--	--	--		--	124	13		38	--	--		☰
11:46:05	--	--	--		--	61	13		38	--	--		☰

Remember to delete all unnecessary vitals from your ePCR

In House QA Tracking Form

This form is separate and will be in the bay where the documents are held on wall.

**Email this form from the copier in meeting room. Go to email > phonebook, select igel@medfordambulance.org

***Once a pack is used in the ambulance, access the machine to grab a new pack and leave that in the locker.

Pilot i-gel Reporting Form

This reporting form must be completed for every patient that receives a BLS prehospital i-gel Supraglottic airway. The information provided will be used to evaluate the effectiveness, safety and care of use in our department. Please complete this audit form, email and drop it in the 2nd assistant Chiefs' mailbox within 24 hours. Pre settings are arranged on the printer located in the meeting room. Please go to email, phone book, and select i-gel chief. 32@medfordambulance.org.

Agency Name: Medford Volunteer Ambulance, Inc

Provider Name: _____ Date: ___/___/___

i-gel Size Used: 3 / 4 / 5. Successful: Yes / No. Was ALS activated: Yes / No.

If no: Why: _____ If yes: ALS provider _____ Level CC / P

Patient Information

Age: _____ Male / Female Witnessed Arrest: Yes / No

Vital Signs

Prior to i-gel insertion: (use n/a if exam finding not present)

B/P: _____ / _____ Pulse: _____ Spo2% _____ % Respiratory Rate: _____

GCS: _____ Mental Status: A&O x _____ Conscious? Yes / No

Airway device used prior to i-gel: NPA / OPA / None

Assisted ventilation: Yes / No. Device _____

After i-gel insertion (or attempt): (use n/a if exam finding not present)

Successful: Yes / No. If successful: Spo2: _____ %

Initial ETCO2 _____ % Ending ETCO2 _____ %

Other pertinent information:

Was the ePCR Airway Confirmation signature completed?: Yes / No

If no, why: _____ By who: DR / PA / NP / ALS

ePCR# (Run Number): _____

Cabinet seal number: Current _____ New _____

Provider Signature: _____ EMT#: _____ Unit: _____