MWLCEMS Skill Performance Record

i-gel O_2™ Supraglottic Airway

Name:	1st attempt:	☐ Pass	☐ Repeat
Date:	2nd attempt:	☐ Pass	☐ Repeat

Instructions: An unconscious adult is apneic and two attempts at intubation have been unsuccessful, contraindicated, or a less attractive choice. Prepare the equipment and provide an alternate airway using an i-gel supraglottic airway.

Performance standard 0 Step omitted (or leave blank) 1 Not yet competent: Unsuccessful; required critical or excess prompting; marginal or inconsistent technique 2 Successful; competent with correct timing, sequence & technique , no prompting necessary	**Q 1** date	**Q 2** date	**Q 3** date	**Q 4** date
* BSI: Gloves, goggles, facemask				
State intended purpose and advantages of using an i-gel airway: **State indications for extraglottic airway** ☐ Need for an advanced airway in an unconscious patient without a gag reflex where 2 attempts at ETI have been unsuccessful or not advised ☐ S&S of a difficult intubation make ETI less attractive ☐ Need for CPR where ETI placement cannot be done without interrupting compressions ☐ In a difficult or unexpectedly difficult intubation, to pass a bougie blindly through the device into the trachea and to rail-road an ETT over it.				
***State at least 4 contraindications** ☐ +Gag reflex ☐ Caustic ingestion ☐ Trismus ☐ Limited mouth opening ☐ Pharyngo-perilaryngeal abscess, trauma, or mass				
Precautions ☐ Do not use excessive force to insert the device or suction catheters/nasogastric tube. ☐ Inadequate sedation with retained gag reflex may lead to coughing, bucking, excessive salivation, retching, laryngospasm or breath holding. ☐ Do not reuse or attempt to reprocess the i-gel. ☐ Patients with any condition which may increase the risk of a full stomach e.g. hiatal hernia, extreme obesity, pregnancy or a history of upper GI surgery etc. Have suction ready.				
Prepare patient: Explain each step as it is performed even though pt appears unconscious ☐ Sniffing position unless head/neck movement is inadvisable or contraindicated. ☐ Remove dentures or removable plates from the mouth before attempting insertion.				
Preoxygenate (attempt) with 95% FiO_2 for **3 min** w/ capnography sensor on BVM ☐ If pt spontaneously breathing, attempt preoxygenation w/ NRM ☐ If assist needed: Insert NPA/OPA and squeeze bag over 1 sec providing just enough air to see chest rise (~400-600mL) – avoid high airway pressure (25cm H_2O) & gastric distention. ☐ Ventilate at 10 BPM (1 every 6 sec); Hx asthma/COPD: 6-8 BPM				
Prepare equipment – Have everything ready before beginning procedure ☐ Prepare suction equipment (connect DuCanto); turn on to ✓ unit; suction prn ☐ Ensure that laryngeal structures are as dry as possible – suction secretions prior to insertion. **i-gel device:** ☐ Choose correct **size** device based on pt size (ideal weight) ☐ **Inspect packaging**; ensure no damage prior to opening; within expiration date ☐ Inspect device, check airway patency; confirm no FB or lubricant obstructing distal opening or gastric channel. ☐ Inspect inside the bowl, ensuring surfaces are smooth and intact & patent gastric channel. ☐ Discard if airway tube or body of the device looks abnormal or deformed. ☐ Check the 15mm connector is secure				
Prep i-gel device: In final min of pre-ox, open package; remove device from protective cradle and transfer to same hand holding the cradle. Support device between thumb and index finger				
Place a small amount of a water-based lubricant onto middle of cradle's smooth surface Place i-gel back into cradle in preparation for insertion.				
Prep confirming & securing equipment: Capnography attached to BVM, tape, tube strap, head immobilizer, stethoscope (put around neck)				

Performance standard	Q 1 date	Q 2 date	Q 3 date	Q 4 date
Premedicate if applicable ☐ Fentanyl per SOP for pain (not necessary if ketamine used for sedative)				
Sedate: Optimum sedation must be achieved prior to insertion (absence of gag reflex suggested by lack of eyelash reflex or response to a glabellar tap; easy up and down movement of the lower jaw, no reaction to pressure applied to both angles of the mandible). Allow for clinical response to sedative prior to inserting airway. ☐ *__Etomidate__ 0.5 mg/kg IVP (max 40 mg) OR ☐ ***Ketamine** (preferred for asthma and children) 2 mg/kg slow IVP (over one min) or 4 mg/kg IM or IN				
INSERTION TECHNIQUE (Proficient users can insert in < 5 sec) ☐ Remove i-get from protective cradle or pack ☐ Grasp lubricated i-gel firmly along the integral bite block. Position device so the cuff outlet is facing towards patient's chin. ☐ Gently press down on chin to open mouth (no fingers or thumbs in mouth). ☐ Introduce leading soft tip into pt's mouth in a direction towards hard palate. ☐ Glide the device downwards and backwards along the hard palate with a continuous but gentle push until definitive resistance is felt. Sometimes a feel of 'give-way' is felt before end point resistance is met. This is the due to the passage of the i-gel bowl through the faucial pillars. Continue to insert device until definitive resistance is felt. ☐ **Do not repeatedly push i-gel up and down or apply excessive force during insertion**.				
Once definitive resistance met, airway tip should be in the upper esophageal opening and cuff should be against laryngeal framework. Teeth incisors should be resting on integral bite-block*. No more than 2 attempts per patient. In order to avoid the possibility of the device moving up out of position HOLD tube in correct position until device is secured in place.				
Check for correct teeth position on horizontal line (adult sizes 3, 4 5 only). If not aligned, remove i-gel and reinsert with a gentle jaw thrust applied by an assistant. If still not resolved, use one size smaller. *Peds sizes (sizes 1 to 2.5) do not have a horizontal line on the integral bite block.*				
Ventilate at proper rate and volume **and CONFIRM proper tube position** (listed in order) ☐ *Auscultation bilateral breath sounds over midaxillary lines & anterior chest ☐ *$ETCO_2$ by capnography ☐ Little gastric air channel leak: excessive leak means device is incompletely inserted. *If tube NOT positioned accurately and/or no confirmation of breath sounds and $ETCO_2$, remove tube & ventilate with NPA/OPA & BVM. May reattempt X 1. ***Preceptor ask,** "How would you know if you are delivering appropriate volumes with each ventilation?"* *(Chest rise, good breath sounds to periphery bilaterally; good capnography number and waveform; SpO2 if not in card arrest)*				
SECURE tube: When good ventilations and appropriate positioning established, tape in place from 'maxilla to maxilla' (keep tube midline in mouth) or secure with head strap. If required, an adequately lubricated, appropriate size NG or **suction catheter** may be passed down gastric channel **Do not insert catheter through gastric channel if there is:** an excessive air leak through the gastric channel , esophageal varices or evidence of upper GI bleed, esophageal trauma, hx of upper GI surgery, hx of bleeding/clotting abnormalities **REASSESS**: Frequently to detect displacement and complications (especially after pt. movement or pt. status/condition changes) ☐ ETCo2 ☐ Spo2 (not in arrest) ☐ Lung Sounds ☐ HR and BP				
Troubleshooting: Peak airway pressure of ventilation must not exceed 40cm H_2O in order to prevent barotrauma. If an excessive air leak is detected during PPV, use one or all of the following: ▪ Hand ventilate pt with gentle and slow squeezing of the BVM ▪ Limit tidal volume to no more than 5mL/kg ▪ Limit the peak airway pressure to 15-20cm of H_2O ▪ Assess the depth of sedation to ensure that pt is not bucking the tube If all of the above fail then change to one size larger i-gel.				
Risks and Complications of inserting an i-gel ☐ Laryngospasm ☐ Cyanosis ☐ Sore throat ☐ If placed too high,may result in poor seal. ☐ Downfolding of epiglottis ☐ Tongue numbness ☐ Trauma to the pharynx ☐ Gastric insufflation, regurgitation and inhalation of gastric contents				

Performance standard	Q 1 date	Q 2 date	Q 3 date	Q 4 date
Critical Criteria - Check if occurred during an attempt ☐ Failure to initiate ventilations within 30 sec after taking BSI precautions or interrupts ventilations for >30 sec at any time ☐ Failure to take or verbalize body substance isolation precautions ☐ Failure to voice and ultimately provide high oxygen concentration [at least 85%] ☐ Failure to ventilate the patient at an appropriate rate ☐ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible] ☐ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device ☐ Failure to insert the supraglottic airway device at a proper depth or location within 2 attempts ☐ Failure to confirm that pt is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium ☐ Insertion or use of any adjunct in a manner dangerous to the patient ☐ Failure to manage the patient as a competent EMT, Paramedic or PHRN ☐ Exhibits unacceptable affect with patient or other personnel ☐ Uses or orders a dangerous or inappropriate intervention				

Scoring: All steps must be independently performed in correct sequence with appropriate timing and all starred (*) items must be explained/ performed correctly in order for the person to demonstrate competency. Any errors or omissions of these items will require additional practice and a repeat assessment of skill proficiency.

Rating: (Select 1)

☐ **Proficient**: The paramedic can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction.

☐ **Competent:** Satisfactory performance without critical error; minimal coaching needed.

☐ **Practice evolving/not yet competent:** Did not perform in correct sequence, timing, and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice

Quarter 1 _____

Date Paramedic/EMT - (PRINT NAME -signature) Competency demonstrated Preceptor (PRINT NAME -signature)

Quarter 2 _____

Date Paramedic/EMT - (PRINT NAME -signature) Competency demonstrated Preceptor (PRINT NAME -signature)

Quarter 3 _____

Date Paramedic/EMT - (PRINT NAME -signature) Competency demonstrated Preceptor (PRINT NAME -signature)

Quarter 4 _____

Date Paramedic/EMT - (PRINT NAME -signature) Competency demonstrated Preceptor (PRINT NAME -signature)