

	6205C	Supraglottic Airway Written Exam
Nor-Cal EMS Policy & Procedure Manual	Training/Skills	
Effective Date: 03/10/2021	Next Revision: 03/10/2024	
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.

1. What size/color i-gel SAD would be appropriate for an adult patient weighing 100 kg?
 - A. Size 3 (Yellow)
 - B. Size 4 (Green)
 - C. Size 5 (Orange)
 - D. This patient is out of the sizing parameters.
2. What size/color i-gel SAD would be appropriate for an adult patient weighing 55 kg?
 - A. Size 2 (Black)
 - B. Size 3 (Yellow)
 - C. Size 4 (Green)
 - D. Size 5 (Orange)
3. Authorized EMT personnel are allowed to utilize an i-gel SAD on pediatric patients (< 12 years old) in need of an advanced airway.
 - A. True
 - B. False
4. Which of the following IS NOT a contraindication for utilization of an i-gel SAD:
 - A. Active gag reflex
 - B. Caustic ingestion or extensive airway burns
 - C. Conscious patient
 - D. Unresponsive patient
5. Which of the following patients is considered most appropriate for placement of an i-gel SAD?
 - A. An unconscious patient with no gag reflex
 - B. A CHF patient who is complaining of difficulty breathing
 - C. A post cardiac arrest patient who now has spontaneous respiration and a gag reflex
 - D. A patient who has been identified as having a stroke
6. After inserting the i-gel SAD, you should:
 - A. Give your partner a high-five
 - B. Ensure the patient's teeth are on the horizontal line at the middle of the integral bite-block
 - C. Inflate the cuff prior to ventilating the patient
 - D. Begin ventilating and slowly withdraw the airway until ventilation is easy and free flowing at which point you may cease traction on the airway
7. Choose the most appropriate statement regarding placement confirmation of the i-gel SAD:
 - A. Additional device placement confirmation is not necessary if ventilations are easy and free flowing
 - B. Chest rise/fall and presence of lung sounds are the only verification steps necessary to confirm proper device placement
 - C. Colorimetric ETCO₂ device color change is the only technique required to confirm proper placement
 - D. Chest rise/fall, presence of lung sounds, absence of epigastric sounds and ETCO₂ device color change/waveform must be utilized to confirm proper placement

8. Air leaking excessively from the gastric channel following i-gel SAD placement means:
- A. The device is correctly placed, excessive air leakage from the gastric channel is normal with the use of this device, EMS personnel should continue ventilating the patient and secure the device
 - B. The device is probably placed correctly and the air leakage is likely due to patient anatomy, EMS personnel should continue ventilating the patient and secure the device if lung sounds are present
 - C. Use of the device is not appropriate for this particular patient, remove the device and utilize an alternate advanced airway for this patient
 - D. Either an incorrectly sized device was utilized or the device is incorrectly placed, if the excessive air leakage cannot be eliminated by re-positioning within 10 seconds the device must be removed and re-inserted (following additional pre-oxygenation and confirmation that you have selected the correctly sized device for the patient)
9. A properly placed i-gel SAD provides complete airway protection from aspiration.
- A. True
 - B. False
10. What is the proper way to secure a properly placed i-gel SAD device:
- A. Once proper placement is verified, the i-gel SAD does not need to be secured
 - B. The i-gel SAD should be manually held in place at all times by EMS personnel following placement
 - C. Utilize an OPA to assist with securing the device
 - D. Utilize a commercial securing device specifically designed for the i-gel SAD, or secure using tape from "maxilla to maxilla"