NOR-CAL EMS	1826	ALS Pediatric I-Gel Intubation (Paramedic Scope ONLY)
Nor-Cal EMS Policy & Procedure Manual		ALS Procedures
Effective Date: 03/01/2025		Next Revision: 03/01/2028
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

INDICATIONS

- Pediatric cardiac or respiratory arrest.
- ALS only.

CONTRAINDICATIONS

- The patient has a gag reflex in place
- Caustic ingestion.
- Known esophageal disease (e.g. cancer, varices or stricture).

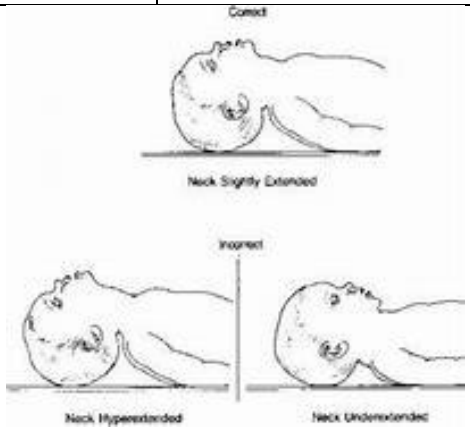
PRECAUTIONS

- Do not force tube, as airway trauma may occur.

PROCEDURE

- Select the proper tube size:

1	**Neonate**	**Deploy according to Broselow Tape**
1.5	**Infant**	
2	**Small Pediatric**	
2.5	**Large Pediatric**	



- While preparing the tube, have partner open the airway, and clear of any foreign objects. Pre-oxygenate with 100% oxygen.
- Apply water soluble lubricant to the distal tip and posterior aspect (only) of the tube, taking care to avoid introduction of the lubricant into or near the ventilator openings.
- Grasp the lubricated i-gel® firmly along the integral bite block. Position the device so that the i-gel® cuff outlet is facing towards the chin of the patient.
- Position patient into “sniffing position” with head extended and neck flexed. The chin should be gently pressed down before proceeding to insert the i-gel®.
- Introduce the leading soft tip into the mouth of the patient in a direction towards the hard palate.
- Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt.
- At this point the tip of the airway should be located into the upper esophageal opening and the cuff should be located against the laryngeal framework. The incisors should be resting on the integral bite-block.
- Attach a BVM. While gently bagging the patient to assess ventilation, carefully withdraw the airway until ventilation is easy and free flowing (large tidal volume with minimal airway pressure).
- Confirm proper position by auscultation, chest movement and verification of ETCO2 by waveform capnography.
- The i-gel® should be taped down from ‘maxilla to maxilla.
- Patients who have an advanced airway established should be secured with tape or a commercial device. Devices and tape should be applied in a manner that avoids compression of the front and sides of the neck, which may impair venous return from the brain.

KEY TAKEAWAYS

- Most unsuccessful placements relate to failure to keep tube in midline during placement.
- If placement is unsuccessful, remove tube, ventilate via BVM and repeat sequence of steps.
- If unsuccessful on second attempt, BLS airway management should be resumed.