



*Division of Emergency Services  
Washington County, Maryland*

16232 Elliott Parkway Williamsport, MD 21795  
240-313-4360 Fax: 240-313-4361

**Office of the Medical Director**

Date: December 8, 2021

To: All ALS Clinicians

From: Dr. Janelle Martin, M.D., FACEP  
Jurisdictional Medical Director

Re: i-Gel Airways

Effective immediately, the use of the i-Gel Airway is authorized for use by ALS clinicians. The i-Gel **replaces** the King supraglottic airway as the preferred blind insertion airway within the Washington County EMSOP.

**Indications**

- Patients weighing > 5 kg that do not have a gag reflex

**Contraindications**

- Patients with an intact gag reflex
- Known esophageal disease
- Caustic ingestion
- Upper airway obstruction due to foreign body and/or pathology
- Airway trauma

**Procedure**

1. For patients <5 kg, the airway is to be managed via positioning, appropriately sized BVM, and technique.
2. For patients weighing  $\geq 5$  and  $\leq 25$  kg, the i-Gel airway will be the **primary** airway over endotracheal intubation. Clinicians may elect to intubate if there is poor ventilation with an appropriately sized and inserted i-Gel.
3. For patients weighing > 25 kg, the i-Gel **may** be utilized as the primary airway device or as a rescue airway device.

### Operational

1. Corporations are responsible for the purchasing of i-Gel airways.
2. The following sizes are authorized for use:

Patient Type	Weight (Kg)	i-Gel Size/Color
Infant	5 – 12 kg	1.5 (Blue)
Small Child	10 – 25 kg	2.0 (Grey)
Large Child	25 – 35 kg	2.5 (White)
Small Adult	30 – 60 kg	3 (Yellow)
Medium Adult	50 – 90 kg	4 (Green)
Large	> 70 kg	5 (Orange)

3. When documenting in eMEDS, clinicians will use the “Airway – Laryngeal Mask” procedure to document the use of the I – Gel.