



*Division of Emergency Services
Washington County, Maryland*

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Office of the Medical Director

Date: August 3, 2023

To: All ALS Clinicians

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

A handwritten signature in black ink, appearing to read "Janelle Martin", written over the printed name.

Re: IGel Airways – updated

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

Indications

- Patients requiring airway management that do not have a gag reflex

Contraindications

- Intact gag reflex.
- Known esophageal disease
- Caustic ingestion
- Upper airway obstruction due to foreign bodies or pathology
- Airway abscess, trauma or mass

Procedure

1. **For patients weighing ≤ 5 kg**, BLS airway management is highly recommended as primary strategy, to include positioning, appropriately sized BVM, and technique. Clinicians may elect to place an IGEL if there is poor oxygenation and/or ventilation with appropriate BLS airway management. Clinicians may elect to intubate if there is poor ventilation and/or oxygenation with an appropriately sized and inserted i-Gel.
2. **For patients weighing > 5 kg ≤ 25 kg**, the i-Gel airway will be the primary airway over endotracheal intubation. Clinicians may elect to intubate if there is poor ventilation and/or oxygenation with an appropriately sized and inserted i-Gel.
3. **For patients weighing > 25 kg**, the i-Gel can be utilized as the primary airway device or 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
Neonate	2-5 kg	1.0 (Pink)
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	> 90 kg	5 (Orange)

3. When documenting in eMEDS, clinicians will use the “Airway – Laryngeal Mask/Supraglottic” procedure to document and timestamp the use of the IGEL.

