

PR08: Supraglottic Airway

Applicable To

■ PCP and higher

■ PCP requires completion of AIME BLS II **and** CPD 2019, or its equivalent (NEO post-February 2019), or PPEd sign-off for use outside of cardiac arrest

Introduction

This procedure reference contains changes related to COVID-19.

The iGel supraglottic airway device is a tool used to provide a higher degree of airway protection that can be obtained through the use of a pharyngeal airway. It transfers the working interface between the bag-valve mask from the face to the laryngeal inlet. Paramedics may use supraglottic devices in the setting of cardiac arrest or in patients who are obtunded and breathing spontaneously.

When preparing for SGA insertion, a pre-connected viral filter must be used.

Reversion to bag-valve mask ventilation with a tight seal and viral filter should be used if SGA placement fails.

Indications

- Patients who are unable to protect their airways due to a decreased level of consciousness
- **PCPs who have not completed AIME BLS II and CPD 2019 (NEO completed February 2019 or later is considered equivalent) may only use supraglottic airway devices in cardiac arrest**

Contraindications

- Inability to place device due to difficulties with mouth opening
- Known or suspected pathological or foreign-body airway obstruction, including epiglottitis
- Trauma to the trachea, neck, or oropharynx
- Caustic ingestion
- Active vomiting
- Relative: Anticipated requirement for high inspiratory pressures during ventilation

Procedure

1. Select an appropriately-sized supraglottic airway and remove it from its packaging and cradle. EGD sizing is based on patient weight.
2. Place lubricant on the cradle. Lubricate the supraglottic airway on all sides, taking care to avoid the lumen.
3. Open the patient's mouth and introduce the soft tip towards the hard palette.
4. Allow the supraglottic airway to glide along the hard palette and advance the device until resistance is felt.
5. Confirm placement by ventilating with a bag-valve mask.
6. Secure the supraglottic airway using the included tube holder. Do not use Thomas tube holders for this purpose as they are not designed to accommodate a supraglottic airway.

If it becomes necessary to remove a supraglottic device:

1. Where possible, raise the patient to a semi-recumbent position (30°).
2. Prepare suction, bag-valve mask, and oxygen delivery devices.
3. Cut or remove ties or tube holders.
4. Ask the patient to take a deep breath, then blow out firmly. While the patient is blowing out, pull the airway smoothly out of the mouth.

5. Suction the oropharynx as needed.
6. Monitor oxygen saturation.
7. Support respirations as needed.

Notes

- Airway obstructions are an absolute contraindication to the use of a supraglottic airway. Paramedics **must**, therefore, confirm they are able to ventilate the patient with a bag-valve mask prior to placing a supraglottic airway.
- The supraglottic airway is a tool to solve problems relating to oxygenation and ventilation. Paramedics should apply a staged approach to airway problem solving prior to using a supraglottic airway.
- PCPs are permitted to use a modified approach to the in-built suction port available on all iGel SGAs to provide pharyngeal suction during cardiac arrest.
- Do not occlude the suction port of the supraglottic airway.

Changelog

- 2023-01-04: changed references to devices used to secure SGA

Resources

