

Standards Procedure (Skill) Airway Section

Airway: BIAD-i-Gel

	EMR	
B	EMT	B
A	AEMT	A
P	PARAMEDIC	P

Clinical Indications for Blind Insertion Airway Device (BIAD) Use:

- Inability to adequately ventilate a patient with a Bag Valve Mask or longer EMS transport distances require a more advanced airway.
- Inability to secure an endotracheal tube in a patient who does not have a gag reflex.
- Appropriate intubation is impossible due to patient access or difficult airway anatomy.
- Do not leave in place for ≥ 4 hours.
- **This airway does not prevent aspiration of stomach contents.**

Clinical Contraindications:

- Deforming Facial Trauma
- Pulmonary Fibrosis
- Morbid Obesity

Procedure:

1. Pre-Oxygenate the patient with 100% Oxygen
2. Select the appropriate tube size for the patient.
3. Remove the device from the protective cradle and carefully for any signs of damage.
4. Place water-soluble jelly in the middle of the protective cradle.
5. Lubricate the back of the i-Gel on the non-inflatable cuff and ensure no lubricant is in the cuff.
5. Lubricate each side and the tip of the non-inflatable cuff.
6. Grasp along the integral bite block and face the cuff outlet toward the patient's chin.
7. Insert the i-Gel into the mouth in the direction of the hard palate.
8. Glide the device down and back along the hard palate with continuous, gentle pressure, until
9. Connect the i-Gel to an BVM and assess for breath sounds and air entry.
10. **Confirm tube placement using end-tidal CO₂ detector or esophageal bulb device.**
11. Monitor oxygen saturation with pulse oximetry and heart rhythm with ECG
12. **EtCO₂ monitoring is mandatory following placement of a BIAD once available on scene**
13. Re-verify i-Gel placement after every move and upon arrival in the ED
43. Document the procedure, time, and result (success) on/with the patient care report (PCR)
15. **It is strongly recommended that an Airway Evaluation Form be completed with any BIAD use.**

Certification Requirements:

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System. Assessment should include direct observation once per certification cycle.