

Gel Supraglottic Airway Insertion for EMTs

Criteria

For adult patients who are unresponsive without signs of life

Contraindications

Patients with a stoma
Obstructive lesions below the glottis
Trismus or limited mouth opening
Pharyngo-perilaryngeal abscess, trauma or mass
Caustic ingestion

CFR

- Follow Adult Cardiac Arrest protocol
- Call for ALS



CFR STOP

EMT

1. Follow Adult Respiratory Arrest / Failure protocol components:
 - Open the airway using the head-tilt/chin-lift or modified jaw-thrust maneuver
 - Remove any visible airway obstruction by hand
 - Clear the airway of any accumulated secretions or fluids by suctioning
 - Provide positive pressure ventilation using a bag-valve mask
 - If ventilations are not successful, refer immediately to the “Extremis: Foreign Body Obstructed Airway” protocol
 - BLS airway management with use of airway adjuncts and bag-valve mask device, as indicated, including suction as needed, if available
 - Bag-valve mask should be connected to supplemental oxygen, if available
 - Ventilate every 5-6 seconds (adult patient)
 - Each breath is given over 1 second and should cause visible chest rise
2. Prepare and insert Gel Supraglottic Airway as per manufacturer's instructions
3. Attach and monitor waveform capnography
4. Confirm presence of bilateral lung sounds
5. Confirm absence of epigastric sounds
6. Secure the Gel Supraglottic Airway as per manufacturer's instructions
7. Continue to ventilate the patient as you would if no supraglottic airway was in place
8. If ALS intercepts, an ALS provider must confirm correct placement

9. If no ALS is available, the emergency department Medical Control NP, PA, or Physician (MD/DO) must confirm placement
10. Document in the ePCR all confirmation methods used to confirm correct placement

MEDICAL CONTROL CONSIDERATIONS

- Insert Gel Supraglottic Airway if approved, trained, and equipped

Key Points/Considerations

- Do not delay beginning compressions to begin ventilations
- Do not delay ventilations to connect supplemental oxygen
- Adequate ventilation may require disabling the pop-off valve if the bag-valve mask unit is so equipped
- Do not interrupt compressions for placement of an airway
- Ongoing assessment is required to assess the effectiveness of ventilations
- Do not delay transport