

Skill Station

Supraglottic Airway

Objective

- Demonstrate the proper technique for inserting an adjunct airway device.

References

- *PHTLS: Prehospital Trauma Life Support*, 10th ed.
- i-gel® website: <http://www.intersurgical.com/info/igel>

Evaluation

- Verify the student's ability to correctly insert a supraglottic airway device in a manikin simulating a patient by observing the student's procedures and technique.

Equipment

- Airway manikin—1
- Bag-mask device and reservoir—1
- Airway adjuncts—various types and sizes
- Oxygen tank—1
- Suction unit and catheters—1
- Supraglottic airway device—1
- Capnography—1
- Manikin lubricant—1
- Personal protective equipment (gloves, mask with visor or mask and safety glasses)—1 set per student

Instructor Guidelines

1. Ensure that each student has all required materials.
2. Read the objective and the evaluation statement to students.

Performance Steps

1. The student maintains manual in-line stabilization of the head and neck to protect the cervical spinal column.
2. The student opens the patient's airway manually.
3. The student asks a partner to manually stabilize the patient's head.

4. The student elevates the patient's tongue and inserts an oropharyngeal airway (OPA).
5. The student ventilates the patient with a bag-mask device unattached to oxygen.
6. The student attaches an oxygen reservoir to the bag-mask device and connects to a high-flow oxygen regulator (12 to 15 liters/minute).
7. The student ventilates the patient at a rate of 10 to 12 breaths/minute with appropriate volumes.

INSTRUCTOR: After 30 seconds, report to the student that breath sounds are present and equal bilaterally and that medical direction has ordered insertion of a supraglottic airway.

8. The student directs the partner to preoxygenate the patient.
9. The student checks/prepares the supraglottic airway device selected.
10. The student lubricates the distal tip of the device (may be verbalized).
11. The student removes the OPA in preparation for inserting the supraglottic airway device.
12. The student positions the patient's head properly and has the partner maintain manual in-line stabilization.
13. The student performs a tongue jaw lift.
14. The student inserts the supraglottic airway device to the proper depth.
15. The student secures the supraglottic airway device in the patient. The student inflates the balloon as appropriate per the manufacturer's recommendations.
16. The student's partner ventilates the patient, and the student confirms proper ventilation (correct lumen and proper insertion depth) by auscultation bilaterally over the patient's lungs and over the epigastrium.
17. The student's partner adjusts the ventilation rate as necessary.

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18. The student verifies proper tube placement by secondary confirmation such as capnography, pulse oximetry, or a colorimetric carbon dioxide detector device.
19. The student confirms that the device remains properly secured.
20. The student's partner continues to ventilate the patient at a proper rate and volume while the student observes capnography and the pulse oximeter.

If using an i-gel supraglottic airway device:

1. The student's partner maintains manual in-line stabilization of the head and neck to protect the patient's cervical spinal column.
2. The student takes the i-gel out of the protective cradle and applies a water-soluble lubricant to the posterior surface.
3. The student holds the i-gel along the bite block in the dominant hand.
4. The student gently presses the patient's chin down, then introduces the leading soft tip into the mouth toward the hard palate.
5. The student continues to advance the i-gel into the hypopharynx until a definite resistance is felt. At this point, the tip is located in the upper esophagus and the cuff around the larynx. The incisors should be resting on the bite block.

6. The student visualizes chest rise with ventilation assistance and auscultates the patient's lung sounds. Capnography and pulse oximetry are monitored.
7. The student tapes the i-gel down on the patient's maxilla.

Critical Criteria

- The student preoxygenated the patient prior to insertion of the supraglottic airway device.
- The student inserted the supraglottic airway device at a proper depth or location within three attempts.
- The student confirmed that the patient was being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over the lungs and epigastrium.
- The student used secondary confirmation to verify placement of the supraglottic airway device.
- The student performed insertion or the use of any adjunct in a safe manner for the patient.
- The student stabilized the patient's head during insertion of the supraglottic airway device.
- The student lubricated the device prior to placement (per the device's instructions).
- The student used the appropriate-sized device.