# The i-gel $O_2$ Resus Pack

i-gel $O_2$™

## Preparations for use

**1.**

Open the i-gel $O_2$ package and take out the protective cradle containing the device. Remove the accessory pack containing the sachet of lubricant and airway support strap from the protective cradle and place to one side.

**2.**

Remove the i-gel $O_2$ and transfer it to the palm of the same hand that is holding the protective cradle, supporting the device between the thumb and index finger.

**3.**

Open the sachet of supplied lubricant and place a small bolus onto the middle of the smooth surface of the protective cradle in preparation for lubrication. Do not use silicone based lubricants.

**4.**

Grasp the i-gel $O_2$ with the opposite (free) hand along the integral bite block and lubricate the back, sides and front of the cuff with a thin layer of lubricant.

**5.**

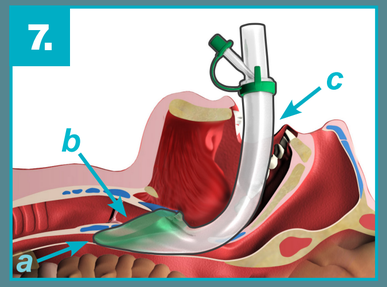
Place the i-gel $O_2$ back into the protective cradle in preparation for insertion.

## Insertion technique

**6.**

Remove the i-gel $O_2$ from the protective cradle. Grasp the lubricated i-gel $O_2$ firmly along the integral bite block. Position the device so that the i-gel $O_2$ cuff outlet is facing towards the chin of the patient. The patient should be in the 'sniffing the morning air' position with head extended and neck flexed. The chin should be gently pressed down before proceeding. Introduce the leading soft tip into the mouth of the patient in a direction towards the hard palate.

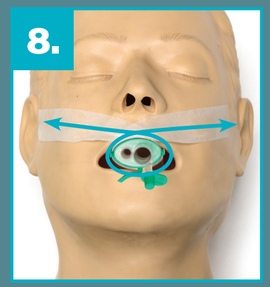
**7.**




Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt.

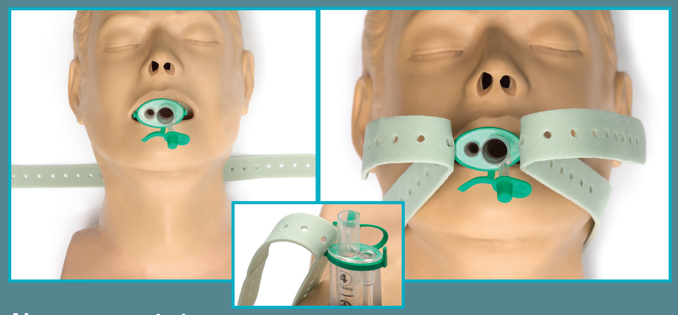
The tip of the airway should be located into the upper esophageal opening (a) and the cuff should be located against the laryngeal framework (b). The incisors should be resting on the integral bite-block (c).

**8.**



### Taping

The i-gel $O_2$ should be taped down from 'maxilla to maxilla' or secured with the support strap provided.



### Airway support strap

The strap should be slid under the patient's neck until the wide central band of the strap is located directly under the neck of the patient. One end of the strap should then be lifted over the patient's face and secured to the i-gel $O_2$ by placing an appropriate hole on the strap over the lug of the hook ring located at the top of the integral bite block. The other end of the strap should then be lifted over the other side of the patient's face and secured in the same manner, ensuring there is sufficient tension to hold the i-gel $O_2$ securely in place, but not an excessive tension that may cause trauma to the patients neck or face or that may cause unwanted downward pressure of the i-gel $O_2$.

| | Patient Size | i-gel® Size | Patient Weight Guidance |
|---|---|---|---|
| ● | Small adult | 3 | 30-60kg (65-130lbs) |
| ● | Medium adult | 4 | 50-90kg (110-200lbs) |
| ● | Large adult | 5 | 90+kg (200 +lbs) |


## Important notes to the recommended insertion technique

Sometimes a feel of 'give-way' is felt before the end point resistance is met. This is due to the passage of the bowl of the i-gel $O_2$ through the faucial pillars. It is important to continue to insert the device until a definitive resistance is felt.

Once definitive resistance is met and the teeth are located on the integral bite block, do not repeatedly push the i-gel $O_2$ down or apply excessive force during insertion.

It is not necessary to insert fingers or thumbs into the patient's mouth during the process of inserting the device.

**Visit the i-gel website** www.i-gel.com

This poster does NOT constitute a comprehensive guide to the preparation, insertion and use of the i-gel $O_2$. The user should first familiarise themselves with the Instructions for Use supplied with the product before attempting to use the i-gel $O_2$.
**The i-gel must always be separated from the protective cradle prior to insertion. The cradle is not an introducer and must never be inserted into the patient's mouth.**
The i-gel $O_2$ has been designed to facilitate ventilation as part of standard resuscitation protocols, such as those designated by the European Resuscitation Council (ERC) and the American Heart Association (AHA). However, the i-gel $O_2$ incorporates a supplementary oxygen port, so can also be used for the delivery of passive oxygenation, or Passive Airway Management™ (PAM), as part of an appropriate CardioCerebral Resuscitation (CCR) protocol. For more information on passive oxygenation, please refer to the instructions for use or contact us.

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