BLS i-gel Educational Lesson Plan

Learning Objectives:

Upon completion of this training, the BLS clinician will be able to:

1. Describe the role of the i-gel supraglottic airway in BLS airway management, including its indications and limitations.
2. Identify appropriate patients and indications for i-gel use.
3. Select the correct i-gel size based on patient estimated weight.
4. Prepare the patient and equipment for i-gel placement.
5. Demonstrate correct i-gel insertion technique.
6. Provide effective ventilations through the i-gel using a bag-valve device.
7. Recognize effective versus ineffective ventilation using capnography waveforms.
8. Identify common problems with i-gel ventilation and initiate basic corrective actions.
9. Maintain and monitor the airway after placement.
10. Identify key documentation requirements for each i-gel placement.

PRE-WORK, can be done synchronously

Each EMS clinician should review the following content *prior* to a skills sign-off:

1. Capnography for BLS clinicians
2. i-gel placement procedure video for adults and pediatrics
3. MLREMS policy on Minimum Standards for Airway Confirmation

Agencies using Prodigy for their LMS can utilize the following:

MLREMS igel-training: https://frontend.prodigyems.com/class/56DBDA4A-3466-4624-8843-849EC641F382?tab=overview

MLREMS Confirmation policy: https://frontend.prodigyems.com/class/255991C2-E60D-423B-B169-1FD594E598BE?tab=overview

IN-PERSON EDUCATION and SKILLS COMPETENCY EVALUATION:

Following hands-on instruction from a trained clinician on device use, sizing, placement, and troubleshooting, each clinician must demonstrate competency in all skills outlined in the checklist below, which serves as the evaluation guide.

Jan 7, 2026

MLREMS BLS i-gel Supraglottic Airway – Skills Verification Checklist

Agency:	**Evaluator:**
Clinician:	**Date:**

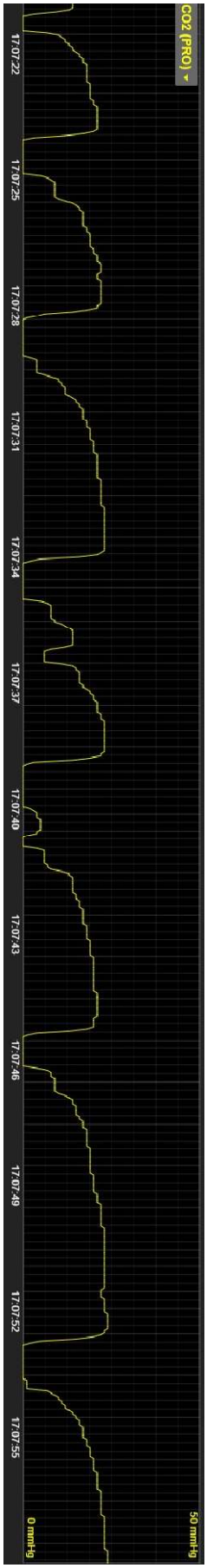
Simulated capnography waveforms should be used as prompts during skills evaluation. When a dynamic simulator is not available, the attached waveform images may be used for simulation purposes. All EMS clinicians must be oriented to, and demonstrate competency with, the specific capnography device used by their agency, including waveform display, continuous monitoring, and documentation.

Subskill	Description	Performed
Indications		
Explain indications	Able to explain that i-gel is indicated for patients in cardiac arrest in whom you have already initiated high quality chest compressions and bag-mask ventilation.	
Device placement and confirmation – Adult *Ideally performed twice – once without ongoing CPR to familiarize with device and once with ongoing CPR*		
ADULT		
Determines appropriate size	Small (size 3), Medium (size 4), Large (size 5)	
Performs bag-mask ventilation and confirms end-tidal waveform	Demonstrates appropriate technique for bag mask ventilation and confirmation of present waveform capnography.	
Device placement	Applies water-based lubricant to the curved portion of the i-gel opposite the airway opening. Holding the i-gel by the bite block, EMS clinician orients the device with the cuff facing anteriorly toward the tongue and the gastric channel aligned midline. With the patient's head in a neutral or sniffing position, the clinician inserts the tip into the mouth and advances the device smoothly along the hard palate, following the natural curvature of the airway without rotation or force. The device is advanced until definitive resistance is felt, indicating appropriate seating in the hypopharynx. The clinician then ventilates gently with a bag-valve device and confirms correct placement using continuous waveform capnography.	
Device securement	Secures the device using the strap to the hooks on the i-gel with adequate downward pressure to maintain the device in place. Reconfirms placement using waveform capnography.	
CHILD *should be between toddler to school age*		
Determines appropriate size	Uses LBT to determine correct size and Handtevy® to identify the recommended size based on color or age.	

Performs bag-mask ventilation and confirms end-tidal waveform	Demonstrates appropriate technique for bag mask ventilation and confirmation of present waveform capnography.	
Device placement	Applies water-based lubricant to the curved portion of the i-gel opposite the airway opening. Holding the i-gel by the bite block, EMS clinician orients the device with the cuff facing anteriorly toward the tongue and the gastric channel aligned midline. With the patient's head in a neutral or sniffing position, the clinician inserts the tip into the mouth and advances the device smoothly along the hard palate, following the natural curvature of the airway without rotation or force. The device is advanced until definitive resistance is felt, indicating appropriate seating in the hypopharynx. The clinician then ventilates gently with a bag-valve device and confirms correct placement using continuous waveform capnography.	
Device securement	Secures the device by passing the 15:2 connector through holes in securement strap. Reconfirms placement using waveform capnography.	
INFANT		
Determines appropriate size	Pediatric patient: Uses LBT to determine correct size and Handtevy® to identify the recommended size based on color or age.	
Performs bag-mask ventilation and confirms end-tidal waveform	Demonstrates appropriate technique for bag mask ventilation and confirmation of present waveform capnography.	
Device placement	Applies water-based lubricant to the curved portion of the i-gel opposite the airway opening. Holding the i-gel by the bite block, EMS clinician orients the device with the cuff facing anteriorly toward the tongue and the gastric channel aligned midline. With the patient's head in a neutral or sniffing position, the clinician inserts the tip into the mouth and advances the device smoothly along the hard palate, following the natural curvature of the airway without rotation or force. The device is advanced until definitive resistance is felt, indicating appropriate seating in the hypopharynx. The clinician then ventilates gently with a bag-valve device and confirms correct placement using continuous waveform capnography.	
Device securement	Secures the device by passing the 15:2 connector through holes in securement strap or using tape, avoiding kinking of the i-gel. Reconfirms placement using waveform capnography.	
TROUBLESHOOTING		
Recognition of misplaced device or dislodgement	Recognizes capnography waveform consistent with ineffective ventilation, likely due to misplacement.	
Repositions device	Repositions the device with jaw thrust and advancement.	
Suction	Demonstrates suctioning the device.	
Removal of device if unable to obtain adequate ventilation with troubleshooting	If repositioning is unsuccessful, removes device and resumes bag-mask ventilation.	
DOCUMENTATION		
Documentation requirements	Each clinician should be able to explain expected documentation requirements, including EtCO2 values at initial placement, with any patient movement and at destination handoff or termination of resuscitation. Each waveform capnography recording should be attached to the chart to enable subsequent review.	


CO2 (PRO)
50 mmHg
0 mmHg
17:15:29
17:15:32
17:15:35
17:15:38
17:15:41
17:15:44
17:15:47
17:15:50
17:15:53
17:15:56
17:15:59
17:16:02

Jan 7, 2026


CO2 (PRO)
17:07:22
17:07:25
17:07:28
17:07:31
17:07:34
17:07:37
17:07:40
17:07:43
17:07:46
17:07:49
17:07:52
17:07:55
0 mmHg
50 mmHg

Jan 7, 2026