

Using the i-gel[®] O₂ Resus Pack*

Preparation for use



Using the size guide in the grid to the right, choose the correct size of i-gel O₂ Resus Pack for your patient.



Open the packaging and remove the inner tray, setting the support strap, suction tubing and sachet of lubricant to one side and within easy reach. Remove the i-gel O₂.



Open the sachet of lubricant and place a small bolus on the inner side of the main shell of the packaging.



Lubricate the back, sides and front of the i-gel O₂ with a thin layer of water based lubricant. (Ensuring any excess is removed prior to insertion)

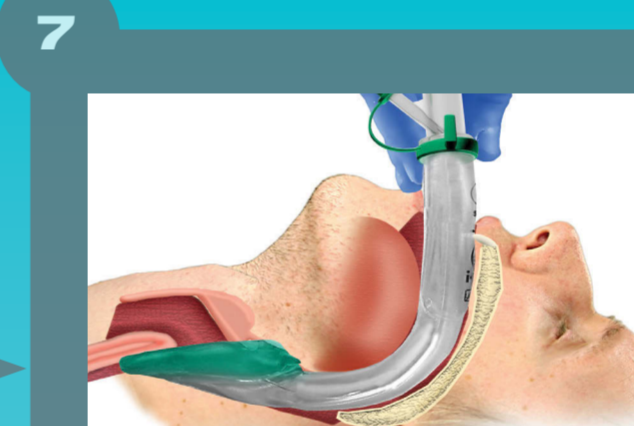
Insertion technique



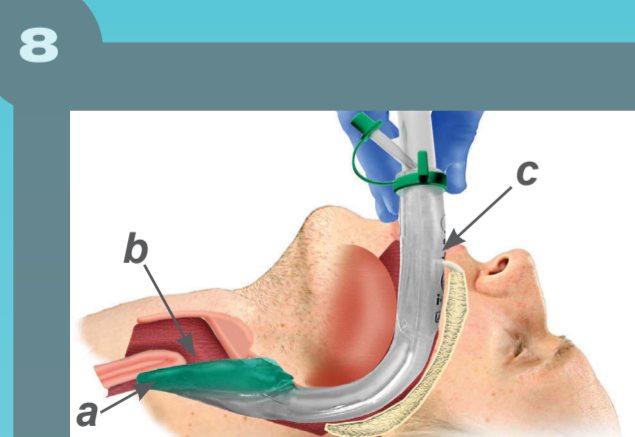
Grasping the i-gel O₂ firmly along the bite block, place the patient in the 'sniffing the morning air' position (unless contraindicated) with the head extended and the neck flexed.



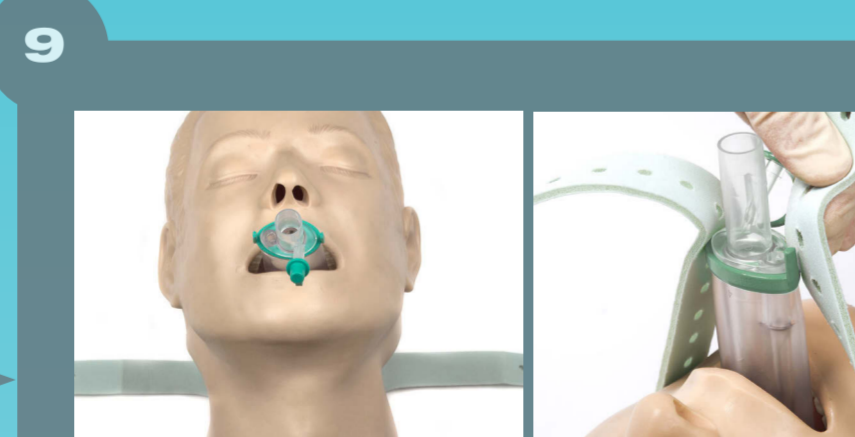
Position the device so that the i-gel O₂ cuff outlet is facing the patient. Introduce the leading soft tip into the mouth of the patient in the direction of the hard palate.



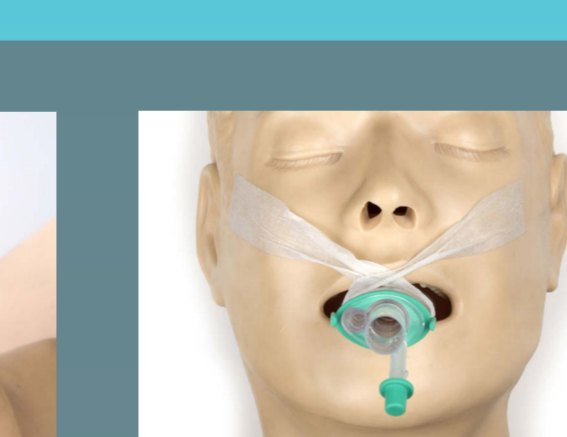
Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt.



The tip of the airway should be located into the upper oesophageal opening (a), with the cuff located against the laryngeal framework (b). The incisors should be resting on the bite block (c).



Secure the device by sliding the strap underneath the patient's neck and attaching to the hook ring. Take care to ensure the strap is not secured too tight.



Alternatively the device can be secured by taping maxilla to maxilla.



Now that the i-gel O₂ has been correctly prepared, inserted and secured, positive pressure ventilation can commence in accordance with applicable resuscitation guidelines.**

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i-gel[®] O₂

i-gel O ₂ size	Patient size	Patient weight guidance (kg)
3	Small adult	30-60
4	Medium adult	50-90
5	Large adult+	90+



Notes on insertion:

Insertion can be achieved in **less than five seconds**.

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 O₂ through the faucial pillars. It is important to continue to insert the device until a **definitive resistance** is felt.

Once correct insertion is achieved and the teeth are located on the integral bite block, **do not** repeatedly push down or apply excessive force during insertion.

No more than three attempts on one patient should be attempted.

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

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* These instructions do NOT constitute a comprehensive guide to the preparation, insertion and use of the i-gel O₂. The user should first familiarise themselves with the complete instructions for use before attempting to use the i-gel O₂.

** The i-gel O₂ 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 O₂ 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.

Copies are available by contacting Intersurgical or by visiting our website www.i-gel.com

