**I-Gel Skill Sheet**

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PASS or NOT PASS (circle one)

Pt. Poss Pt. Earned

|  |  |  |
| --- | --- | --- |
| **Pre-Insertion** | | |
| Provider determines patient needs to use a BIAD | 1 |  |
| **Prepare the Equipment** | | |
| I-Gel (appropriate size based on patients’ ideal body weight) | 1 |  |
| BVM | 1 |  |
| Surgical Lubricant | 1 |  |
| Suction equipment | 1 |  |
| **Prepare the Patient** | | |
| Verbalizes indications for use and contraindications | 1 |  |
| Assess upper airway for secretions or obstructions | 1 |  |
| Lubricates i-gel with surgical lubricant | 1 |  |
| **I-Gel Insertion** | | |
| Opens airway with chin lift/jaw thrust maneuver | 1 |  |
| Opens mouth with scissor maneuver of the fingers | 1 |  |
| Insert the airway into the mouth with the open side pointing towards the patient’s chin, insert until they meet definitive resistances | 1 |  |
| Secure i-gel in place | 1 |  |
| Ventilate patient as required with BVM | 1 |  |
| **Post Insertion** | | |
| Auscultate both sides of the chest and the epigastrium | 1 |  |
| Ensure pulse ox monitoring has been established (Capnography if available) | 1 |  |
| Continuous Ventilation | 1 |  |

Total (14 or more to pass) 16 \_\_\_\_\_

**Critical Criteria** (To pass, no critical criteria can be indicated)

\_\_\_ Failure to properly name indications and contraindications

\_\_\_ Failure to properly size i-gel (weight based)

\_\_\_ Failure to lubricate i-gel

\_\_\_ Failure to insert i-gel properly (wrong direction, does not insert fully)

\_\_\_ Failure to confirm placement

\_\_\_ Failure to secure i-gel after placement

\_\_\_ Failure to ventilate patient appropriately