



Maryland Institute for Emergency Medical Services Systems

Documentation of Supraglottic/Extraglottic Airway

(LMA[®], Air-Q[®], iGel[®])

Wednesday, January 11, 2023

As a reminder, during the course of a clinician's eMEDS documentation, when using any type of supraglottic or extraglottic airway (LMA[®], Air-Q[®], iGel[®]), the procedure of, "Airway - Laryngeal mask / Supraglottic" should be selected. In general, MIEMSS wants to limit the use of brand specific equipment in the primary run form.

The screenshot shows a 'Procedure' form with the following fields:

- Prior to Arrival?:** No (selected), Yes
- Role/Type of Person Performing the Procedure:** Paramedic
- Date/Time:** 01/11/2023, 07:49:33
- Performed By:** CANTERA, JASON
- Procedure Name:** Airway - Laryngeal Mask / Supraglottic (highlighted in yellow with a red arrow pointing to it)
- Patient's Response:** Improved (selected), Unchanged, Worse
- Success:** No, Yes (selected)

12.4 Procedures – AIRWAY MANAGEMENT: Extraglottic Airway (EGA) Devices (continued)

Supraglottic Airway (LMA[®], Air-Q[®], iGel[®])

- (1) Inspect all components of the supraglottic airway for damage.
- (2) Select appropriately sized supraglottic airway as per manufacturer's specifications.
- (3) Lubricate with water-soluble jelly per manufacturer's specifications.
- (4) Maintain cervical immobilization, if indicated, and lift tongue.
- (5) Inflate cuff, if applicable, per manufacturer specifications.
- (6) Ventilate and evaluate for appropriate placement (bilateral lungs sounds, absence of gastric sounds, chest rise, ETCO₂ waveform/value, oxygen saturation).
- (7) Adjust cuff inflation (if applicable) and position as needed to obtain a seal of the airway.
- (8) Once effective ventilation is confirmed, secure the supraglottic airway and continue to monitor oxygen saturation and ventilate to desired ETCO₂ level.

1) Devices 12.4