

BAG VALVE MASK VENTILATION

1. Recognize the need and quickly begin airway management.
2. Apply SpO₂ monitor.
3. Select a BVM with a reservoir and use an oxygen flow rate of 15–25 L/min. Use in-line ETCO₂, if available, and PEEP valve.
4. Choose a proper-sized mask (covers nares and mouth without gaps).
5. If the patient has no gag reflex, place an OPA. If the patient has a gag reflex, place an NPA.
6. Suction the airway if necessary and evaluate for possible foreign body.
7. Hold the mask firmly in position to establish a good seal by using the E-C technique if one rescuer or the T-E (Thenar Eminence) technique if two rescuers.
8. Use the head-tilt/chin-lift technique to open the airway. Apply restricted spinal motion techniques if trauma is suspected (such as squeezing your knees together alongside the patients' head).
9. Squeeze the bag against your thigh at a rate of 1 breath every 6 seconds. Compress the bag to achieve observed chest rise and allow for complete exhalation (approximately 1 second inhalation and 4 seconds exhalation). Avoid hyperventilation.
10. If two rescuers are available, have one dedicated to apply the seal and maintain proper positioning and the other to squeeze the bag.
11. Titrate ventilation to achieve SpO₂ of 94–99% and ETCO₂ of 35–45 mmHg.

Common challenges to effective BVM technique include:

- ✓ Poor mask fit/seal
- ✓ Improper patient positioning
- ✓ Excessive ventilation