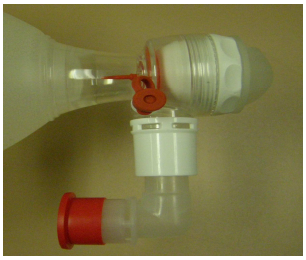
Respiratory Services Review-Alberta Health Services-Calgary Zone

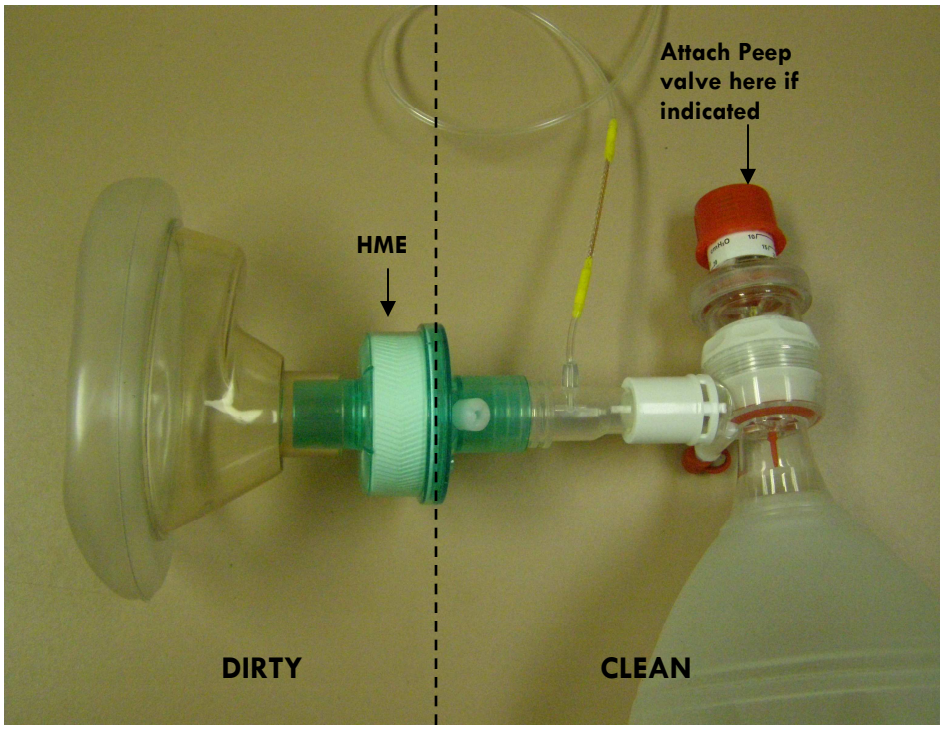
Bag-Valve-Mask Ventilation

October 2009

Key Points:

- Attach HME **before** initiating BVM ventilation.
- Consider potential impact of added dead space if you choose to connect flex tube between mask and HME.
- Cap bagger when not in use.





Manual Ventilation

For Respiratory Arrest

- Deliver 1 breath every 5 to 6 seconds (10 to 12 breaths per minute).

For Cardiac Arrest

- Deliver 2 breaths after every 30 compressions.
- Deliver 8 to 10 breaths per minute without interrupting CPR once airway secured.

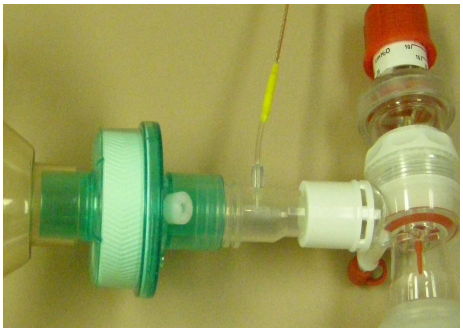
AVOID HYPERVENTILATION

Hyperventilation can be harmful as it increases intra-thoracic pressure, decreases venous return to the heart and diminishes cardiac output. It may also increase gastric inflation.

COMMUNICATE

Communicate effectiveness of ventilation to Team Leader. The leader needs this information to weigh the benefit of securing the airway versus the adverse effect of interrupting chest compressions.

Use with Capnography



Ensure that you have attached the EtCO2 sampling line to the **CORRECT** port on the HME. The EtCO2 sampling port has ridges to screw on the sampling line male connector.

TIP: Consider continuing use of capnography during CPR after confirmation of ETT placement. An increase in the end tidal CO2 reading may be the first indicator of spontaneous return of circulation.

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