

VIRGINIA DEPARTMENT OF HEALTH - OFFICE OF EMERGENCY MEDICAL SERVICES

BASIC LIFE SUPPORT - PRACTICAL SKILL TEACHING SHEET

**VENTILATION**

SCENE SIZE-UP

Assess: Need for body substance isolation, Scene safety, Trauma(MOI) or Medical(NOI) nature, and Number of Patients

ASSESSMENT

Perform initial assessment and apply interventions as indicated and necessary.

1. EMERGENCY MEDICAL CARE - BAG-VALVE MASK (NO TRAUMA)

After opening airway, select correct size mask and bag/valve unit (adult, infant or child) with supplemental oxygen supply attached, if possible.

Grasp mask and position thumbs over top half of mask, index and middle fingers over bottom half.

Place apex of mask over bridge of nose, then lower mask over mouth and upper chin. If mask has large round cuff surrounding ventilation port, center port over mouth.

Use ring and little fingers to bring jaw up to mask.

Connect bag to mask if not already done.

Have assistant squeeze bag with two hands until chest rises.

**If alone**, form a "C" around the ventilation port with thumb and index fingers; use middle, ring and little fingers under jaw to maintain chin lift and complete seal.

Ventilate a minimum of every 5 seconds for adult and every 3 seconds for children and infants.

If the chest does not rise and fall, re-evaluate airway position and technique.

- If chest does not rise, reposition head.
- If air is escaping from under mask, reposition fingers and mask.
- Check for obstruction
- If chest still does not rise and fall, use alternative method of artificial ventilation, e.g., pocket mask, manually triggered device.

If necessary, consider use of adjuncts, e.g., oral or nasal airway.

2. EMERGENCY MEDICAL CARE - BAG-VALVE MASK (TRAUMA)

After opening airway, select correct size mask and bag/valve unit (adult, infant or child) with supplemental oxygen supply attached, if possible.

Immobilize head and neck, e.g., have an assistant hold head manually or use your knees to prevent movement.

Grasp mask and position thumbs over top half of mask, index and middle fingers over bottom half.

Place apex of mask over bridge of nose, then lower mask over mouth and upper chin. If mask has large round cuff surrounding a ventilation port, center port over mouth.

Use ring and little fingers to bring jaw up to mask without tilting head or neck.

Connect bag to mask if not already done.

Have assistant squeeze bag with two hands until chest rises.

Repeat ventilations every 5 seconds for adults or every 3 seconds for children and infants, continuing to hold jaw up without moving head or neck.

If the chest does not rise and fall, re-evaluate.

- If chest does not rise, reposition head.
- If air is escaping from under mask, reposition fingers and mask.
- Check for obstruction
- If chest still does not rise and fall, use alternative method of artificial ventilation, e.g., pocket mask, manually triggered device.

If necessary, consider use of adjuncts, e.g., oral or nasal airway.