



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF NURSING

POLICY AND PROCEDURE

SUBJECT: RESPIRATORY CARE MANAGEMENT:
USE OF BAG-MASK DEVICE

Policy No.: C137.11
Effective Date: 11/1989
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Purpose of Procedure: To provide manual ventilation for a patient who is unable to breathe or is having difficulty breathing.

Physician's Order Required: No

Performed By: All care givers who have been trained in the use of the bag-mask device.

Equipment: Appropriate size bag-mask device and oxygen source with appropriate tubing (if needed).

Policy Statements:

1. In emergency situations, if O₂ is needed, set O₂ flow rate at 15 liters.
2. For non-emergency situations, additional O₂ can be administered through the bag-mask device as ordered by the physician.
3. A bag-mask device, needs to accompany patients with artificial airways (e.g. tracheostomy tubes and endotracheal tubes) at all times.

Procedural Steps:

1. Check for responsiveness and adequacy of breathing. If unresponsive or not breathing, call a code blue and begin CPR.
2. Obtain appropriate bag-mask device. If supplemental O₂ is needed, additionally obtain an oxygen source and connect bag-mask device to an O₂ source and set O₂ flow as indicated above.
Key Point: For pediatric patients, obtain an infant or child bag-mask device. If the infant or child bag-mask device does not cause the chest to rise, replace it with the next larger bag-mask device e.g. Infant to child bag-mask device or child to adult bag-mask device.
Key Point: When using the next larger bag-mask device, squeeze the bag only until the chest rises. Over-inflation can cause abdominal distention.
3. Place patient in best position for chest expansion and/or CPR.
4. A. For patients **without** an artificial airway, use a bag-mask device with a mask. Open airway by head tilt, chin lift using the E-C clamp technique to hold the mask in place while lifting the jaw.
 - 1). Place the mask on the patient's face, using the bridge of the nose as a guide for correct position, with the rounded portion in the groove of the chin.
 - 2). Use the thumb and index finger of one hand to form a "C" pressing the edges of the mask to the face.
 - 3). Use the remaining fingers to lift the angles of the jaw (3 fingers form an "E") and open the airway.
Exception: In case of cervical spine injuries, use the jaw thrust technique. Place the mask on the patient's face, and gently lift the mandible preventing hyperextension of the neck.B. For patients **with** an artificial airway, connect the bag-mask device without the mask to the universal coupling of the artificial airway.

5. Squeeze the bag-mask device enough to observe for chest rise.
Key Point: If immediate resistance is felt:
 - a. For patients **without an artificial airway**, reposition head, adjust mask for better fit, and retry. If resistance is felt again, check for an obstructed airway.
 - b. For patients **with an uncuffed tracheostomy tube**, attach a mask to the bag-mask device and ventilate via mouth and nose as described above; have another caregiver place a 4x4 over the tracheostomy opening to prevent air leak.
 - c. For patients **with a cuffed tracheostomy tube**, deflate the cuff completely, attach a mask to the bag-mask device, and ventilate via the mouth and nose as described above; have another caregiver place a 4X4 over the tracheostomy opening to prevent air leak.
6. Ventilate adult patients once every 6 seconds (10 breaths per minute) and for pediatric patients (infants and children) once every 2-3 seconds (20-30 breaths per minute). Continue until the patient is breathing on their own, you are relieved, or the patient deteriorates to a cardiac arrest.
7. Follow CPR guidelines for cardiac arrest, if necessary.

Documentation:

1. Document assessments and patient outcomes in the medical record if a bag-mask device was used.
2. Complete progress notes.
3. Record vital signs in the medical record.
4. For CPR, complete Cardiopulmonary Resuscitation Rapid Response Report Form, Post Code Evaluation Form, Progress Note, and Event Notification (See Nursing Policy C205.20 – *Code Blue Documentation*)

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References:

American Heart Association. (2020). *Basic life support: Instructor manual*.

Lippincott Solutions. (2021). *Login*. Lippincott Procedures. <https://procedures.lww.com/lnp/view.do?pId=6608305>

Lippincott Solutions. (2021). *Login*. Lippincott Procedures. <https://procedures.lww.com/lnp/view.do?pId=6608721>

Reviewed/Revised:

11/89 – revised

09/90 – revised (formerly combined with “Ambu Bag with Tracheostomy Tube”.)

12/92 – revised

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