Bag Mask Ventilation

Preparing for the procedure
a. Wear gloves and protective eyewear.
b. Remove any airway obstruction due to fluid or foreign body.
c. Open the airway using head tilt and chin support (consider omitting head tilt where cervical spine injury is suspected).
d. Insert a correctly sized oropharyngeal or nasopharyngeal airway.

Performing the procedure
a. Select the correct size of mask and grasp the body of the mask between the thumbs of both hands to spread the cuff with the fingers.
b. Apply the mask starting with the top of the mask on the bridge of the nose. Bring the mask down over the face and release the cuff when in contact with the skin. This pulls the soft tissues of the face into the mask and enhances the seal.
c. Use the non-dominant hand to place the index finger and thumb around the inlet port of the mask. The fingers on this hand are placed posterior to the angle of the jaw to provide jaw thrust if needed. The patient’s face is lifted into the mask.
d. Attach the bag and ventilate at approximately 10 ventilations per minute. Each ventilation is delivered over 1 second. The volume required is approximately 7 ml per kilogram of bodyweight.
e. Watch for evidence of chest rise and ask an assistant to auscultate the chest to ensure adequate air entry.
f. Add oxygen to the bag if required.

Complications
a. Bag-mask ventilation can produce gastric inflation associated with regurgitation and aspiration.
b. It may be difficult to maintain a mask seal using one operator. If additional personnel are available, use one person to seal the mask using two hands.
c. Positive pressure ventilation can cause barotrauma. Observe for signs of pneumothorax.

References

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