THE STUDY VAULT

Clinical Chaos

BVM Ventilation

SKILL SNAPSHOT

Purpose

Provide positive-pressure ventilation and oxygenation to an apneic or inadequately breathing patient.

When to use

Respiratory arrest, inadequate respirations, peri-intubation support, or CPR.

Supplies needed

Bag-mask with reservoir; oxygen tubing/source at 15 L/min; correct mask; airway adjunct; suction; pulse oximeter; capnography if available.

PREP + PATIENT SETUP

- Call for help; assess responsiveness, pulse, and breathing.
- Open airway: head-tilt/chin-lift; use jaw thrust if cervical injury is suspected.
- Suction; insert OPA/NPA as appropriate; connect oxygen at 15 L/min.

VAULT TIP

Ventilate just enough for visible chest rise - excessive ventilation reduces venous return and inflates the stomach.

STEP-BY-STEP

- Select mask covering bridge of nose to chin without eyes.
- Two-person method preferred: one seals mask with two-handed thenar grip and lifts jaw; second squeezes bag.
- Deliver each breath over about 1 second, only until visible chest rise.
- Adult with pulse: 1 breath every 6 sec (10/min); recheck pulse about every 2 min.
- Child/infant with pulse: 1 breath every 2-3 sec (20-30/min); recheck pulse about every 2 min.
- During CPR without advanced airway: 30:2 adults; 30:2 single rescuer or 15:2 two rescuers for child/infant.
- With advanced airway during CPR: continuous compressions; 1 breath every 6 sec.
- Monitor chest rise, SpO2, ETCO2, breath sounds, gastric inflation, and resistance; reposition airway if ineffective.

SAFETY REMINDERS

- Avoid excessive rate, volume, and pressure.
- Use two-person technique when possible.
- Maintain cervical stabilization when trauma suspected.
- Poor chest rise: reseal, reposition, suction, adjunct, then consider obstruction.

COMMON MISTAKES

- Squeezing bag too fast or forcefully.
- Pressing mask down instead of lifting jaw.
- Wrong mask size or poor seal.
- Delaying escalation to advanced airway.

DOCUMENTATION

- Initial breathing/pulse and indication.
- Oxygen flow, adjuncts, rate, and technique.
- Chest rise, SpO2/ETCO2, breath sounds, response.
- Complications, escalation, and handoff.