Indications:

1. Provide positive–pressure mechanical ventilation for patients who are not breathing adequately due to respiratory depression, failure, or arrest.

Precautions:

1. Two people are often required to obtain an adequate mask fit and ventilate effectively.
2. Early intubation may be of benefit for patients who continue to bleed or vomit.

Technique:

1. Check for pulse. If no pulse is detected within 10 seconds, begin CPR.
2. If pulse is present, open the airway and check for ventilation.
3. If the patient is not breathing, or not breathing adequately, assist ventilations with pocket mask or BVM and oxygen.
4. Watch chest for rise, and feel for air leak or resistance to air passage. Adjust mask fit as needed.
5. If patient resumes spontaneous respirations, continue to administer supplemental oxygen. Intermittent assistance with ventilation may still be needed.
6. Use oral or nasal airway to assist airway patency as indicated.

Notes:

1. Suction prior to ventilation if blood, emesis or other debris present in upper airway.
2. Ventilate **GENTLY** to reduce the risk of gastric distention and creating a pneumothorax. Ventilation should cause the chest to just begin rising, not fully inflate.
3. If a pneumothorax is present, assisted ventilation can make it worse or convert to a tension pneumothorax. Be observant and prepared.
4. Assess effectiveness of ventilations with continuous ETCO2 monitoring and pulse oximetry.