



**RankenJordan.**  
PEDIATRIC BRIDGE HOSPITAL

# Bag-Mask Ventilation

## With a Self-Inflating Resuscitation Bag

### What is bag-mask ventilation?

Bag-mask ventilation is a way to deliver breaths and oxygen to your child if trach re-insertion is unsuccessful. Bag ventilation (without using a mask) is also used to deliver breaths and oxygen to your child and may be connected directly to the trach tube.

#### ***Reason(s) as to why your child would need to be bagged with a mask:***

- Unable to reinsert the tracheostomy tube.

#### ***Reason(s) as to why your child would need to be bagged (trach tube is in):***

- They are conscious but having troubled or inadequate breathing.
- Ventilator is malfunctioning.
- Their oxygen saturation is low, and you cannot figure out why.
- Your child has increased work of breathing and is looking anxious.
- They have stopped breathing and are unresponsive. Start CPR!

#### ***Signs of troubled or inadequate breathing:***

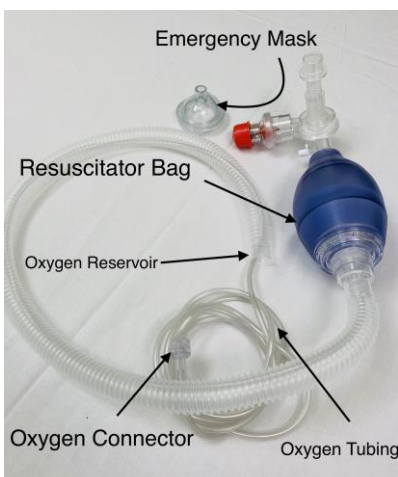
- Poor or no chest rise
- Pale or blue skin color
- Poor breath sounds
- Child is struggling to breath
- Abnormally low respiratory rate

#### ***When is it an emergency?***

- Not breathing (apnea)
- Non-responsive, unconscious

### Equipment Needed:

#### ✓ Self-Inflating Resuscitation



#### ✓ Oxygen Tank



#### ✓ Mask

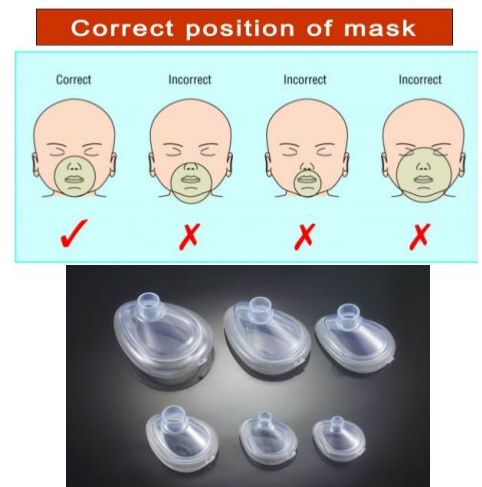




Figure 1

## How do I hold the resuscitator bag when I have to use a mask?

The best method to bag-mask ventilate when a tracheostomy tube cannot be placed is by placing the mask over the mouth while another person covers the stoma to prevent air from leaking out (Fig. 1). The person who has the mask will form a “CE” clamp which will ensure the best seal so oxygen breaths can be given.

1. Place your child into a “sniffing position” by slightly extending their neck.
2. With your non-dominant hand, use your thumb and pointer finger and form a “C” to hold the mask in place over the nose and mouth. Use your other 3 fingers and spread them to form an “E” to lift the jaw and open your child’s airway. Try avoiding letting your fingers press on the throat.
3. Use your other hand to squeeze the resuscitator bag (with oxygen attached) to deliver the breaths.

### Troubleshooting Steps:

#### Call 911 First!

#### No chest rise?

The fix: readjust head position, mask, make sure you have a good seal

#### Still no chest rise?

The fix: try bagging directly at the stoma (Fig. 2)

#### Good chest rise but child is not conscious?

Start CPR immediately



Figure 2

## Bagging Directly to Tracheostomy Tube (Fig. 3)

Refer to the “reasons as to why” section above.

**Child is conscious but has increased work of breathing, ventilator is alarming, and oxygen saturations are going below their baseline.**

- Take the child off whatever device they are on (high humidity, ventilator), connect bag to oxygen source and connect bag directly to trach hub (Fig. 3) and give 1 breath every 3 seconds.

**Child loses consciousness and has no detectable pulse**

- **Call 911**, Start CPR, Give 1 breath every 3 seconds.



Figure 3

This document contains information and/or instructional materials developed by Ranken Jordan Pediatric Bridge Hospital. This content does not replace medical advice, diagnosis, or treatment. Talk to your child’s health care provider if you have any questions about this document, your child’s condition, or your child’s treatment plan. If your child is not a Ranken Jordan Pediatric Bridge Hospital patient, this document does not create a doctor-patient relationship between your child and Ranken Jordan Pediatric Bridge Hospital.