NREMT BVM Skill: Ventilating an Apneic Patient

Bag-valve-mask ventilation of an apneic adult with a pulse: check, open, suction, airway adjunct, seal, rate and volume

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NREMT BVM skill: what it tests

The NREMT BVM station tests bag-valve-mask ventilation of an apneic adult who still has a pulse: you confirm the problem, open and clear the airway, insert an adjunct and ventilate at the right rate and volume with oxygen. The skill is simple; the fails come from slow starts, poor seals and breathing too fast.

Step by step

1. Protective equipment on; scene safe.
2. Check responsiveness, then breathing and a carotid pulse together, no longer than 10 seconds.
3. Open the airway: head tilt and chin lift, or jaw thrust if spine injury is possible.
4. Look in the mouth; suction blood, vomit or secretions.
5. Size and insert an oral airway (only if there is no gag reflex; otherwise a nasal airway).
6. Seal the mask over nose and mouth and start ventilating right away; attach oxygen as soon as you can.
7. Turn oxygen to high flow and keep the reservoir full.
8. Ventilate: each breath over about 1 second, just enough to see the chest rise, one every 5 to 6 seconds.
9. Watch chest rise and recheck the pulse regularly (about every 2 minutes is common teaching); start CPR if it is lost.

Rate and volume

PATIENT	RATE	VOLUME
Adult with a pulse	10 to 12 per minute (one every 5 to 6 s)	Just enough for visible chest rise
Child or infant with a pulse	20 to 30 per minute	Just enough for visible chest rise
Adult in arrest, no advanced airway	2 breaths after each 30 compressions	Each over 1 second

SAFETY Too fast or too hard fills the stomach, causes vomiting and lowers blood pressure. Count out loud: "squeeze ... two, three, four, five, squeeze."

Getting a good seal

- Two rescuers whenever possible: one holds the mask with both hands (thumbs on the mask, fingers lifting the jaw), the other squeezes.
- Alone: C over the mask with thumb and index finger, E of the other three fingers lifting the jaw.
- Bring the jaw up into the mask; do not push the mask down into the face.
- Pad under the head or shoulders to line up the airway; raise the head of the stretcher if allowed.
- No chest rise? Reposition the head, reseal, suction, check the adjunct, then try again.

Critical-fail themes

- Not checking for a pulse, or taking too long to check.
- A long delay before the first breath, or long pauses between breaths.
- Never opening the airway or clearing obvious vomit or blood.
- An oral airway in a patient who gags.
- Rate or volume far too high, or no visible chest rise.
- No oxygen connected by the end of the station.

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