

**Report Date:** 26 Aug 2011

**Summary Report for Individual Task  
081-833-0017  
Ventilate A Patient with a Bag-Valve-Mask System  
Status: Approved**

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DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

DESTRUCTION NOTICE: None

**Condition:** You have an unconscious patient requiring ventilation. You will need a bag-valve-mask (BVM) system, oropharyngeal airway (OPA), supplemental oxygen (if available), a DD Form 1380 Field Medical Card and pen. You have performed a patient care hand wash. You are not in a CBRN environment.

**Standard:** Ventilate the patient with a BVM system until spontaneous breathing returns, until a normal rate and depth of respiration is achieved, or until directed to stop by a medical officer.

**Special Condition:** None

**Special Standards:** None

**Special Equipment:**

**Task Statements**

**Cue:** None

**DANGER**

None

**WARNING**

None

**CAUTION**

All body fluids should be considered potentially infectious. Always observe body substance isolation (BSI) precautions by wearing gloves and eye protection as a minimal standard of protection.

**Remarks:** None

**Notes:** None

## Performance Steps

1. Take appropriate body substance isolation.

# WARNING

2. Position yourself at the top of the patient's head.

3. Open the patient's airway using the head-tilt, chin-lift or jaw thrust maneuver. (See Task 081-833-0018)

Note: An operational BVM should have a self-refilling bag, a non-rebreathing outlet valve, oxygen reservoir, a one-way inlet valve, and a transparent face mask.

4. Insert an appropriate airway adjunct. (See Task number 081-833-0016)

Note: Do not attempt to use an oropharyngeal airway (OPA) on a conscious or semiconscious patient. If the patient is unresponsive an OPA or a nasopharyngeal airway (NPA) should be inserted to help maintain a patent airway.

5. Assemble the BVM system, selecting the correct size of mask for the patient.

Note: Ensure the bag is operational. An operational BVM should have a self-refilling bag, a non-rebreathing outlet valve, oxygen reservoir and a transparent face mask.

6. Perform an E-C technique to hold mask in place over patient's mouth.

a. Your thumb should be placed over the part of the mask covering the bridge of the nose and your index finger is placed over the part covering the cleft above the chin.

b. Seal the mask firmly on the face by pushing down with the thumb and index finger while pulling up on the mandible with the other finger to maintain the head-tilt, chin-lift maneuver.

c. The E-C hand position technique will be performed using one hand.

7. Ventilate the patient using the one-rescuer method, if appropriate.

a. Maintain a leak proof mask seal with one hand. Use firm pressure to hold the mask in position and to maintain a seal on the patient's face.

b. Squeeze the bag with one hand while observing the chest rise to make certain the lungs are being inflated effectively.

Note: The bag may alternatively be compressed against your body or forearm to deliver a greater tidal volume to the patient or help with hand fatigue.

c. Ventilate patient for approximately one minute and then connect to oxygen (if available) to increase the percentage of oxygen from 55% to approximately 90-100%.

d. Continue squeezing the bag once every 5 to 6 seconds (10-12 breaths/minute), for an adult patient.

8. Ventilate the patient using the two-rescuer method, if appropriate.

a. Hold the mask in place with two hands.

(1) Place your little, ring, and middle fingers along the mandible.

(2) Place your thumb on the upper portion of the mask above the valve connection.

(3) Place your index finger on the lower portion of the mask under the valve connection.

(4) With your other hand, duplicate the above steps (mirror image) to achieve a leak proof seal.

b. Have your assistant continue squeezing the bag with two hands until the chest rises; squeeze once every 5 to 6 seconds (10-12 breaths/minute), for an adult.

Note: Oxygen should be connected to the reservoir (if available) at 15 lpm. This will increase the oxygen from 55% to approximately 90-100%.

Ventilations should not be interrupted for more than 30 seconds at any time.

9. Observe for rise and fall of the patient's chest.

a. If the chest does not rise, reposition the airway.

b. If the chest rises and falls, continue with step 10.

10. Continue ventilations.

a. Observe for spontaneous respirations.

b. Periodically check the pulse.

c. Observe for vomiting or secretions in or around the mouth or mask.

Note:

11. Document all medical care and procedures on the FMC.

12. Evacuate the patient.

(Asterisks indicates a leader performance step.)

**Evaluation Preparation:** Setup: For training and evaluation, use a cardiopulmonary resuscitation (CPR) mannequin capable of accepting an OPA. Have another Soldier act as an assistant. If oxygen will be used, prepare the oxygen source. Tell the Soldier if oxygen is to be used and whether the patient is conscious or unconscious. Have the Soldier insert an OPA and ventilate the patient with a BVM using the one rescuer method and two rescuer methods. After 2 minutes of ventilation, tell the Soldier that the patient has resumed normal breathing. Tell the assisting Soldier only to perform those actions the Soldier being evaluated directs them to perform.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Took body substance isolation (BSI) precautions.			
2. Positioned themselves at the top of the patient's head.			
3. Opened the patient's airway using the head-tilt, chin-lift or jaw thrust maneuver. (See Task 081-833-0018)			
4. Inserted appropriate airway adjunct. (See Task 081-833-0016)			
5. Assembled the BVM system and selected the correct sized mask for patient.			
6. Performed the E-C technique.			
7. Ventilated the patient using the one-rescuer method, if appropriate.			
8. Ventilated the patient using the two-rescuer method, if appropriate.			
9. Observed for rise and fall of the patient's chest.			
a. If the chest did not rise, repositioned the airway.			
b. If the chest rose and fell, continued with step 10.			
10. Continued ventilations.			
11. Documented the procedure on the DD Form 1380 Field Medical Card (FMC).			
12. Evacuated the patient.			
13. Did not cause further injury to the patient.			

**Supporting Reference(s):**

Step Number	Reference ID	Reference Name	Required	Primary
	0-13-119265-5	EMT Complete: A Basic Worktext	No	No
	DD FORM 1380	US Field Medical Card	Yes	No

**Environment:** Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

**Safety:** In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

**Prerequisite Individual Tasks :** None

**Supporting Individual Tasks :** None

**Supported Individual Tasks :** None

**Supported Collective Tasks :**

Task Number	Title	Proponent	Status
N/A	N/A	Not Selected	Obsolete