



**neoResus**

The Victorian Newborn Resuscitation Project

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## Operating & troubleshooting a self inflating bag

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Updated February 2012

# Six key steps to success

## Step 1

- Choose the correct size self inflating bag for newborn resuscitation: a 240 mL bag

## Step 2

- Choose the correct sized mask according to the size of the newborn infant

## Step 3

- Assemble the bag and mask, ensuring that all the valves are present and inserted correctly

# Six key steps to success

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Step 4

- Test the functionality of the bag and mask

Step 5

- Create a good seal between the infant's face and the mask using the "two point top hold"

Step 6

- Continually reassess your ventilation technique to ensure ventilation is effective

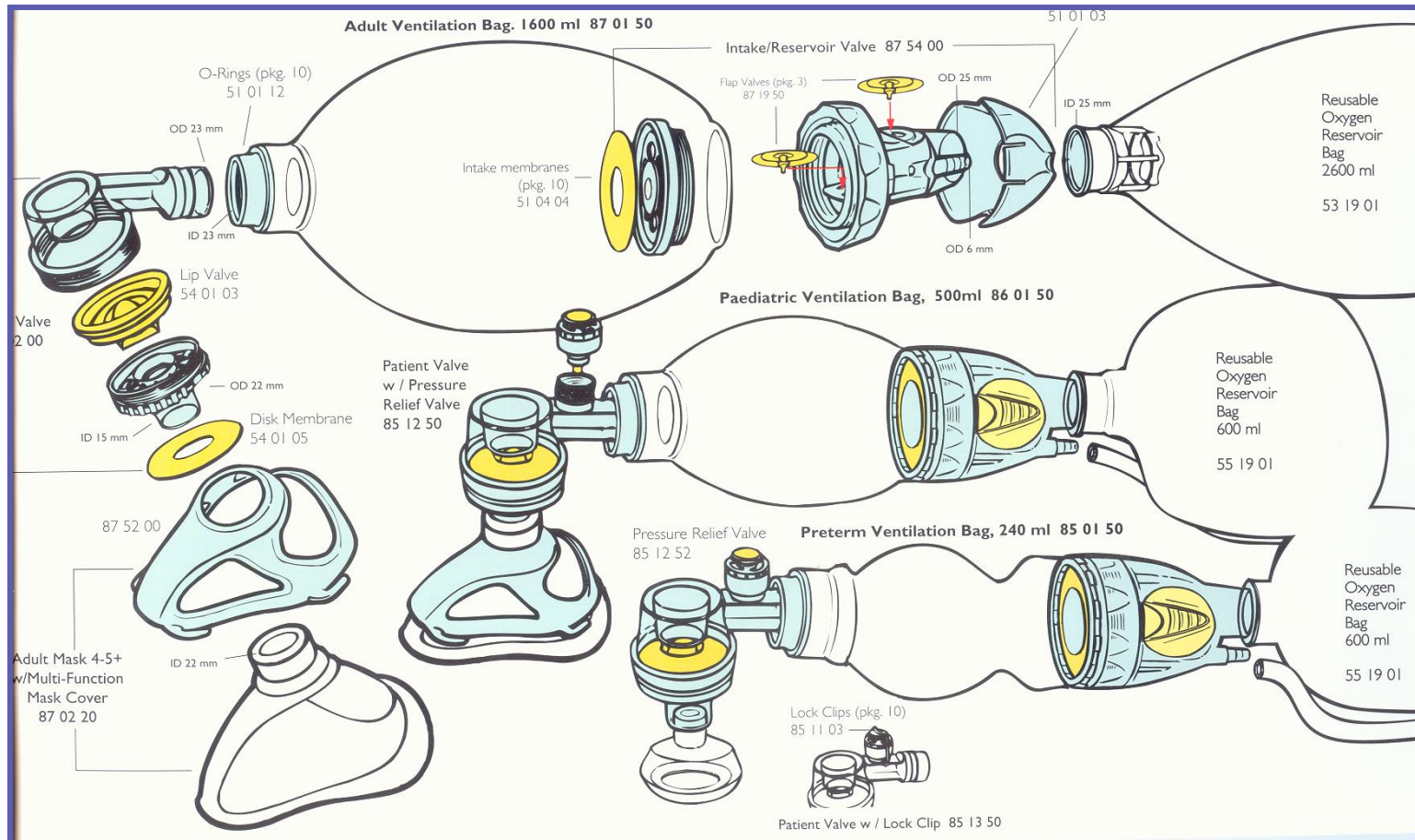
# Choose the correct size bag

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- The 240 mL self inflating bag, is the most appropriate size for all newborn infants. Why?
- The tidal volume required by a newborn infant is approximately 5 – 10 mL/kg body weight, therefore a volume of 240 mL should be more than adequate to inflate any newborn's lungs.

(ARC & NZRC, 2010, Guideline 13.4)

# Comparison of Laerdal™ adult, paediatric & 'preterm' bags



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# Choose the correct size mask

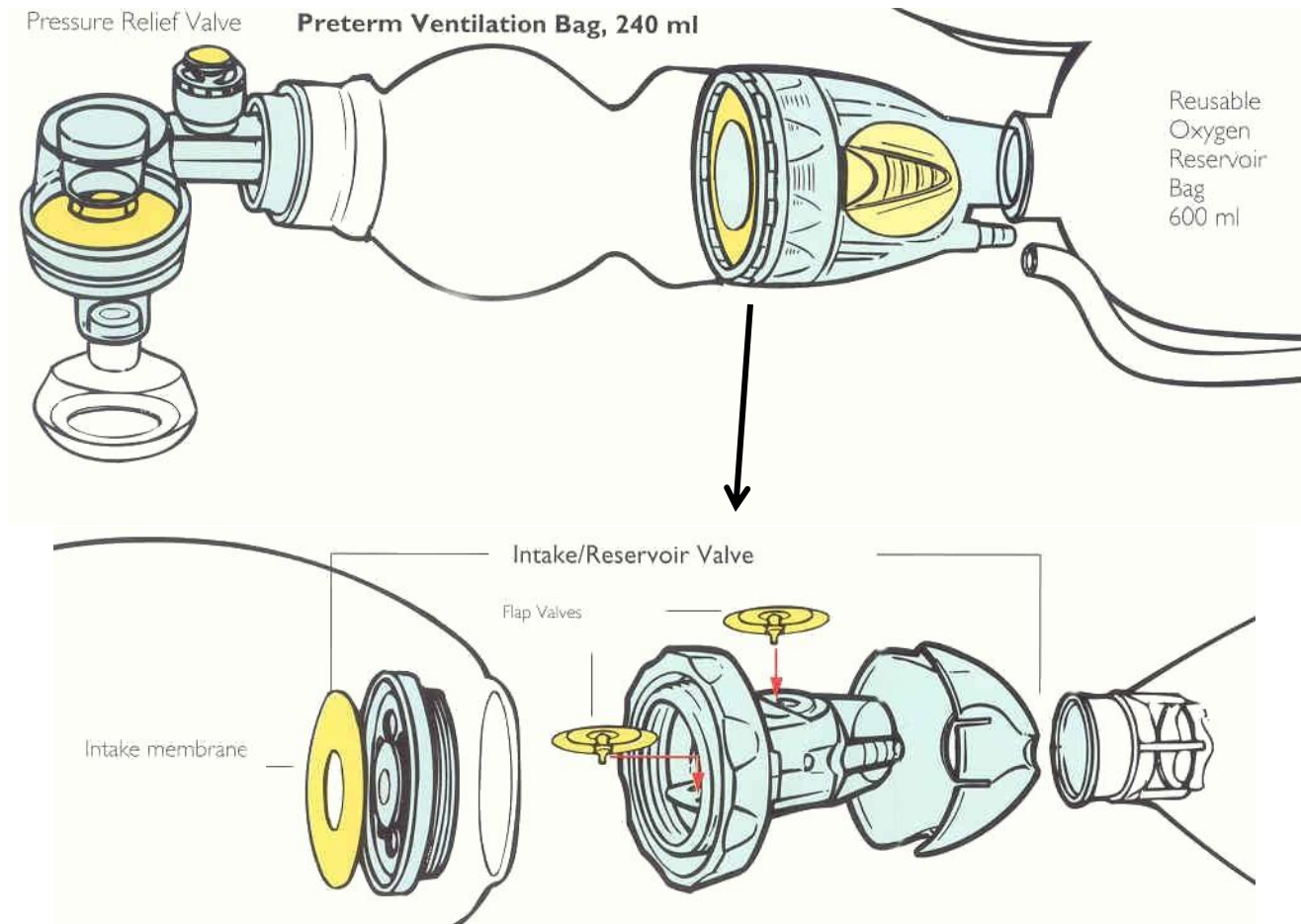
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- The rim of the mask should cover the tip of the chin, the mouth & the nose but not the eyes. It should not extend under the chin.
- If the mask is too big, a good seal cannot be achieved and effective ventilation will be impossible.

Step 3

# Assemble the Laerdal™

## 240 mL 'preterm' ventilation bag



# Test the bag before use



- Place the mask firmly against your hand.
- Squeeze the bag repeatedly.
- You should feel air pressure against your hand and see the lip valve open and close.

*If pressure is not felt, this device is not safe to use!*



# Check that the lip valve opens & closes with each squeeze of the bag



Lip valve

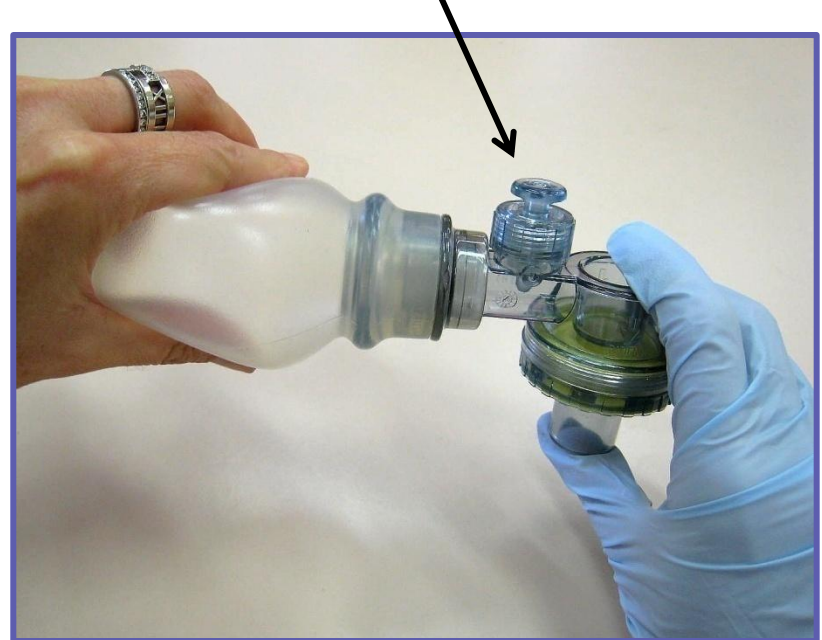
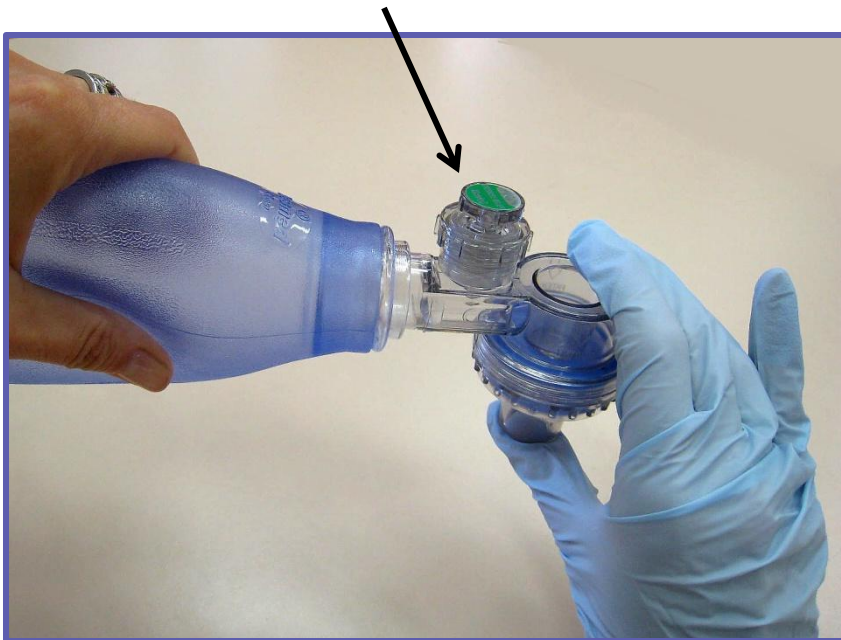
# Disposable (single use) bags are tested the same way

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# Test the pressure relief valve

- Remove the mask and occlude the patient port connector with your thumb.
- Compress the bag several times.
- Look & listen for opening of the pressure relief valve.



# The pressure relief valve: (The “pop off” valve)

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- The maximum pressure is limited to a factory setting which varies from 35 – 45 cmH<sub>2</sub>O according to the manufacturer of the bag.
- A higher peak pressure (PIP) can be given by occluding the pressure relief valve whilst squeezing the bag.
- Be aware that pressure relief valves have been shown to activate at a wide range of pressures and well in excess of the factory setting of 35 – 45 cmH<sub>2</sub>O. (Ganga-Zandzou, et al., 1996)
- Unless you are using an in-line pressure manometer, you will not know how much peak pressure you are delivering with each inflation.

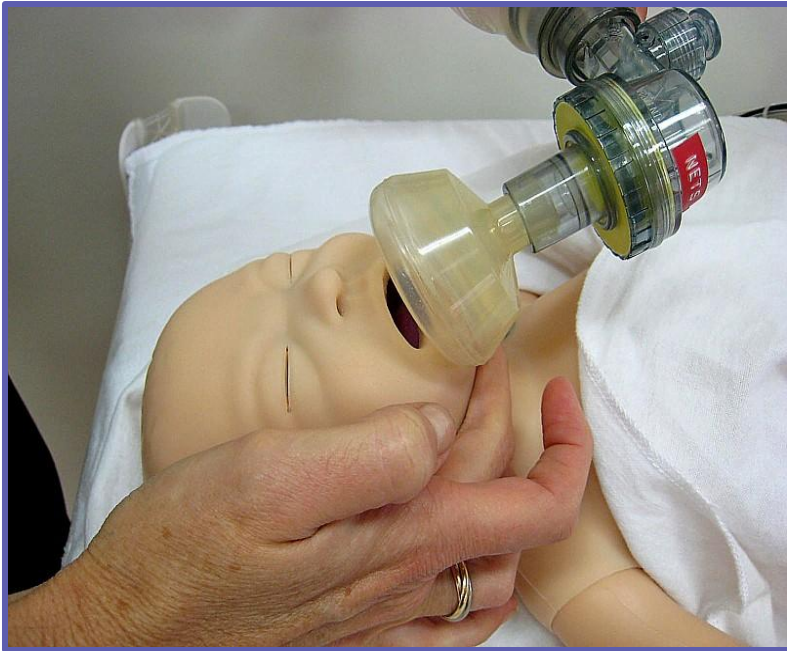
# Connect an oxygen source & check that the reservoir bag inflates



- At a flow rate of  $\geq 5$  L/min, 97 - 100% oxygen is delivered *with or without* the reservoir bag attached to the Laerdal bag.
- Removing the reservoir bag does not significantly reduce the oxygen concentration. (Thio, et al., 2009)



# Create a good seal between the infant's face & the mask



- Position the infant's head in a neutral position.
- Place a finger onto the chin tip (the "guide finger").
- Line up the outer edge of the mask into the groove between the guide finger and the chin tip.
- Roll the mask onto the face from the chin upwards.

# Holding the mask in place using the “two point top hold”

- Apply evenly balanced downward pressure onto the mask using the thumb and index finger positioned toward the outer edge of the flat area of the mask (“two point top hold”).
- Apply jaw lift with the remaining fingers so that the upward pressure works against the downward pressure from the two point top hold to create a good seal.



**The two point top hold**

Wood, et al. (2008).  
*Archives of Disease in Childhood, Fetal  
& Neonatal Edition, 93: p. F231*

# Incorrect ways to hold a mask

A: Do not hold the stem



B: Do not hold the outer edge

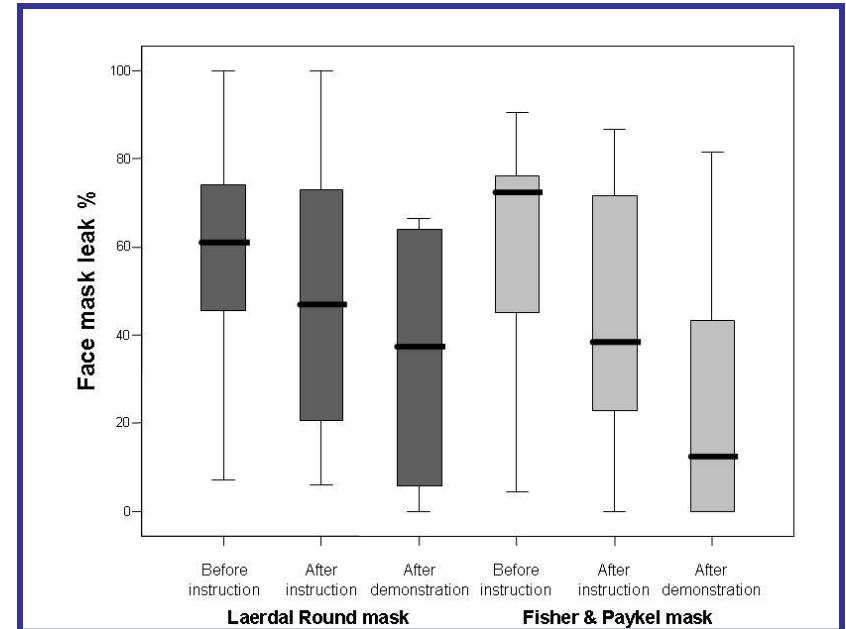


Holding the mask by the stem (A) or by the outer edge of the rim (B) will result in a poor seal & significant mask leak



# Leak around face masks

- Leaks averaging 40% to 70% around face masks are common due to poor mask placement technique.
- It cannot be assumed that just because the mask is on the face that there is a good seal.



Reference: Wood, et al. (2008).  
*Archives of Disease in Childhood: Fetal & Neonatal Edition*, 93: p. F231.

# Positive pressure ventilation rate

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- Ventilate at a rate of 40 – 60 inflations per minute.
- Be aware:
  - Hyperventilation can lead to dangerously low CO<sub>2</sub> levels (< 30 mmHg) in newborns with normal lungs.
  - This can further depress their breathing centre and reduce cerebral blood flow.
  - Avoid hyperventilation in newborns who are unlikely to have lung disease (e.g. a term infant with peripartum hypoxic ischaemia).

# Air or oxygen for resuscitation?

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- Term newborns: Use air (21%) initially.
- Preterm newborns < 32 weeks: Use air or blended air and oxygen (21% to ~ 30% oxygen to start).
- Use air if a blender is not available.
- Supplemental oxygen should be used judiciously, ideally guided by pulse oximetry.

“The first priority is to ensure adequate inflation of the lungs, followed by increasing the concentration of inspired oxygen only if needed” (ARC & NZRC, 2010, Guideline 13.4)

# Is your technique effective?

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- If your ventilation technique is effective, three signs are observed:
  - An increase in the heart rate above 100/min.
  - A slight rise and fall of the chest and upper abdomen with each inflation.
  - An improvement in oxygenation.
- If the heart rate is not improving:
  - The technique of ventilation needs to be improved.
  - Consider increasing the PIP.
  - Endotracheal intubation should also be considered.

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# Disclaimer

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