



Emergency Medical Technician Psychomotor Examination

BAG-VALVE MASK VENTILATION

Attempt:

#1 _____

#2 _____

#3 _____

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

	PASS / FAIL
AIRWAY	
Demonstrate head tilt chin lift	
Demonstrate modified jaw thrust	
SUCTION (Candidate chooses appropriate powered or manual suction device)	
POWERED:	
Prepares rigid suction catheter	
Turns on power to suction catheter and sets appropriate suction pressure	
Appropriately measures oropharynx depth for suction catheter	
Inserts rigid suction catheter to appropriate depth without applying suction	
Suctions the mouth and oropharynx for no more than 10 seconds	
MANUAL:	
Prepares suction device	
Appropriately measures oropharynx depth for suction catheter	
Inserts suction catheter to appropriate depth without applying suction	
Suctions the mouth and oropharynx for no more than 10 seconds	
Demonstrate removal and replacement of manual suction container	
ADJUNCTS	
Demonstrates proper sizing and insertion of Oropharyngeal Airway	
Demonstrates proper sizing and insertion of Nasopharyngeal Airway	
BAG-VALVE MASK VENTILATION – Adult	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen at 15 lpm	
Ventilates the patient adequately for 1 minute	
-Proper volume to cause visible chest rise	
-Proper rate (1 ventilation every 6 seconds)	
BAG-VALVE MASK VENTILATION – Pediatric	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen at 15 lpm	
Ventilates the patient adequately for 1 minute	
-Proper volume to cause visible chest rise	
-Proper rate (1 ventilation every 3 seconds)	
BAG-VALVE MASK VENTILATION – Adult Tracheostomy	
Attaches the BVM assembly [bag and reservoir] to oxygen at 15 lpm	
Ventilates the patient adequately for 1 minute	
-Proper volume to cause visible chest rise	
-Proper rate (1 ventilation every 6 seconds)	
BAG-VALVE MASK VENTILATION – Pediatric Tracheostomy	
Attaches the BVM assembly [bag and reservoir] to oxygen at 15 lpm	
Ventilates the patient adequately for 1 minute	
-Proper volume to cause visible chest rise	
-Proper rate (1 ventilation every 3 seconds)	

You must factually document your rationale for checking any of the above critical items on this form.

CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS IN ORDER TO PASS SKILL STATION

Performance Objectives

Demonstrate competency in performing oropharyngeal suctioning using a rigid, flexible suction catheter and bulb syringe.

Demonstrate competency in suctioning a patient with a tracheostomy tube while maintaining an aseptic technique.

Demonstrate competency in sizing, inserting, and removing a nasopharyngeal airway.

Demonstrate competency in sizing, inserting, and removing an oropharyngeal airway.

Demonstrate proficiency in ventilating a simulated patient utilizing a BVM device

Equipment

- Adult, pediatric, infant, neonate, and tracheostomy airway manikins
- Suction devices (powered and manual with adapter)
- Hard and flexible suction catheters
- Bulb syringe
- Normal saline irrigation solution
- Container
- Tracheostomy tube with inner cannula
- Various sizes of nasopharyngeal and oropharyngeal airways
- Silicone spray or water-soluble lubricant
- Bag-Valve-Mask (various sizes of bag and masks)
- EtCO₂ measuring device
- PPE (eye protection, masks, gown, gloves)
Can use an image of PPE in place of actual items
- Pediatric resuscitation tape
- Airway bag (agency items with above contents)
- Sharps/Biohazard/Trash containers

Key Concepts

- **Personal protective equipment**
 - Gloves, goggles, N-95 mask (aerosolizing procedures like suctioning and PPV require N-95 masks)
- **Suction**
 - Indications: vomit, blood, or sputum present
 - Contraindications: Infants less than 1 year of age – use bulb syringe
 - Complications:
 - Excess suctioning may cause hypoxia, damage to tracheal mucosa, or lung collapse
 - Insertion past the base of the tongue may stimulate the gag reflex and cause vomiting. Vagal stimulation may cause bradycardia, especially in pediatric patients.
 - Saline or sterile water is used to flush the suction catheter. All secretions and irrigation fluids are to be treated as contaminated waste
 - Allow the patient to regain adequate oxygen levels between suction attempts
- **NPA**
 - Indications: Semiconscious or unresponsive patient with an intact gag reflex
 - Contraindications: basilar skull fracture
 - Size the NPA by measuring from the tip of the nose to the tragus (pointed prominence of the external ear that is situated in front of the ear canal)
 - Lubricate with water-soluble lubricant.
 - The right nostril should be attempted first unless the left nostril is larger than the right.
 - Insert bevel towards the septum.
 - Should have none to minimal resistance when inserting the NPA
- **OPA**
 - Indications: unresponsive patient without a gag reflex
 - Contraindications: conscious or semi-conscious patient, the presence of a gag reflex; gently brush the eyelashes to see if that reflex is present – similar level of consciousness for both reflexes to be present or absent. Eyelash brushing does not induce vomiting.
 - Complications: vomiting, laryngospasm, injury to the hard or soft palate, airway obstruction
 - Size the OPA by measuring from the maxillary incisors to the angle of the mandible (ACLS.com, n.d.)
 - If OPA is too small – can push the tongue to block the airway
 - If OPA is too large – can press the epiglottis against the opening of the trachea
- **Positive pressure ventilation**
 - select an appropriately sized bag and mask for the patient. Only inflate to the point of chest rise.
 - Do not delay ventilation to connect the BVM to an oxygen source
 - For Tracheostomy patients, connect bag device without mask directly to trach tube.