RESUSCITATION BAG

Checking Bag & Mask
- Block patient outlet or mask by palm of your hand
- Squeeze the bag
  i) You should feel pressure against your hand
  ii) Check opening of inspiratory valve
  iii) With higher pressure one can open pop-off safety valve

Procedure
- Choose appropriate size of the bag and mask
- Position the baby in a sniffing position/slight extension
- Provide tight seal
- Use finger tips to generate enough pressure to move chest of baby
- Observe for improvement in heart rate, colour and chest rise
- Follow the rhythm “Squeeze two three,” to ensure 40 to 60 breaths per minute
- For prolonged bag and mask, insert an orogastric tube and then continue bag and mask
- Do not use bag and mask for suspected diaphragmatic hernia and babies born through meconium stained amniotic fluid

Decontamination
i) Washing and rinsing – Disassemble all parts
   - Wash in warm water using a detergent
   - Rinse in clean water
ii) Disinfection/Sterilization
   Except reservoir whole bag can be boiled, autoclaved or soaked in disinfectant solution. After soaking in disinfectant, clean with distilled water or running water. Dry the valves and then reassemble.
## Trouble shooting

<table>
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<tr>
<th>Problem</th>
<th>Possible cause</th>
<th>Corrective action</th>
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| Chest does not rise with B&MV | Leakage around mask  
Blocked airways  
Needs higher pressure  
Mouth closed  
Pop-off valve gives way due to loose spring | Provide tight seal  
Re-suction, reposition  
Use higher pressure  
Change bag |
| Bag doesn’t generate pressure while tested on palm | Leakage/cracked bag  
Leakage at air inlet  
Pop-off valve defective | Change bag  
Ensure valve push |
| Baby doesn’t improve despite B&MV | Needs higher level resuscitation  
Needs oxygen | Based on HR-Do CC  
or use medications  
Ensure O₂ supply  
Attach reservoir. |