PASSIVE VENTILATION PROCEDURE

INDICATION:

- Bystander or EMS personnel witnessed adult or adolescent cardiopulmonary arrest.

CONTRAINDICATIONS:

- Un-witnessed cardiopulmonary arrest
- Airway is not clear or unable to be cleared by suctioning
- Patient has moderate to severe trauma to the airway where more advanced procedures would be indicated
- Patient age is < 12 years old

EQUIPMENT:

- Oral-pharyngeal airway (OPA) adjunct or Naso-pharyngeal airway (NPA) adjunct
- Adult non-rebreather mask
- Oxygen source
- Bag-Valve-Mask

PROCEDURE:

- Begin immediate high quality chest compressions with minimal interruptions
- Assure the patient's airway is clear of obstructions and/or secretions or blood by suctioning
- Assure patient's airway is open and maintainable
- Insert appropriately sized OPA or NPA. The OPA is the preferred adjunct to be used, however NPAs may be used if the patient's jaw is clenched or anatomical issues prevent OPA insertion
- Apply non-rebreather mask with 15 Lpm high flow oxygen to the patient
- Continue high quality compressions without interruptions for 2 minutes or until a total of 200 compressions have been administered
- Reassess patient and treat rhythm if indicated
- Repeat for two additional cycles of 2 minutes or total 200 compressions.
- At the end of the third cycle, remove non-rebreather mask and ventilate patient with bag valve mask (BVM) for two breaths. Resume high quality CPR without interruption of continuous compressions, providing a ventilation approximately every 5 seconds (without stopping compressions)
- After 4 minutes of use with the BVM, consider need for Advanced Airway placement

SPECIAL CIRCUMSTANCES:

- If passive oxygenation is utilized, EMS personnel should have a BVM ready by the patient in case the need for positive pressure ventilation arises.
- Passive oxygenation procedure should not last longer than 6 minutes, which is 3 full cycles of 200 compressions.
- After each cycle, the airway should be re-assessed to assure there is no need for suctioning and the airway is open and clear. If the airway is not open, immediate positive pressure ventilation via BVM is indicated while manually maintaining an open airway and using an OPA or NPA device.