


Name of Policy: <u>Manual Resuscitation Devices</u> Policy Number: 3364-136-07-06 Department: Respiratory Care Approving Officer: Associate VP Patient Care Services / CNO Responsible Agent: Director, Respiratory Care Scope: The University of Toledo Medical Center Respiratory Care Department	 Effective Date: 9/1/2020 Initial Effective Date: 7/1/1987
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

The Respiratory Care Department will use manual resuscitators as a temporary means of mechanical ventilation to be used during CPR, patient transport procedures, changing of mechanical ventilator breathing circuits, maintenance of mechanical ventilators, and during endotracheal suctioning procedures, when not using a closed suction catheter device. The resuscitation devices referred to in this procedure will be available for all sizes of patients served by this hospital.

(B) Purpose of Policy

To ensure proper and safe set-up, maintenance and use of manual resuscitators.

(C) Procedure

1. Resuscitation bags will be placed in the following areas:
 - In the rooms of all patients on mechanical ventilation.
 - In the rooms of all patients with endotracheal or tracheostomy tubes, unless otherwise ordered by the physician.
 - In all code carts. Broselow carts will have pediatric sizes available.
 - In wall boxes on each floor of the hospital.
 - In the Emergency Department Trauma rooms # 10, 11 & 12.
 - All PACU bed bays.
2. Disposable resuscitation bags will be changed according to policy #3364-136-06-01 of this manual.
3. All resuscitation bags should be assembled and used according to manufacturer's instructions.
 - Reservoirs will be added to increase oxygen concentration.
 - PEEP valves may be used when indicated.
4. Identification and treatment of adverse reactions such as pneumothorax, hyperventilation, hypoventilation, and hypotension as associated with mechanical ventilation (policy 3364-136-05-01), may occur. In the event that any adverse reactions do occur, the responsible physician must be notified for appropriate physician orders and/or follow-up.

Approved by:	Review/Revision Date:
<i>/s/</i> <hr/> Michael Taylor Director, Respiratory Care	08/20/1999 09/26/2001 01/05/2005 03/14/2008 07/10/2009 08/14/2012 08/05/2014 08/01/2017 09/01/2020
<i>/s/</i> <hr/> Monecca Smith Associate VP Patient Care Services / CNO	<hr/> Date
<i>Review/Revision Completed By:</i> <i>Director, Respiratory Care</i>	Next Review Date: September 2023
Policies Superseded by This Policy:	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.