


Name of Policy: Manual Resuscitation Devices Policy Number: 3364-136-07-06 Approving Officer: Chief Operating Officer Responsible Agent: Director, Respiratory Care Scope: University of Toledo Medical Center		 Effective date: 7/2025 Original effective date: 7/1/1987	
Key words: Manual Resuscitation, Devices, Mechanical Ventilation, Breathing Circuits, Suctioning			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

The Department of Respiratory Care 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

- 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.
- Disposable resuscitation bags will be changed according to policy #3364-136-06-01 of this manual.
- 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.
- 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. If any adverse reactions do occur, the physician responsible must be notified for appropriate physician orders and/or follow-up.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Russ Smith Chief Operating Officer</p> <p>7/29/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Melissa Kukiela Director, Respiratory Care</p> <p>7/29/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Director, Respiratory Care</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>None</i> <p>Initial effective date: 7/1/1987</p> <p>Review/Revision Date:</p> <p>8/20/1999 9/26/2001 1/5/2005 3/14/2008 7/10/2009 8/14/2012 8/5/2014 8/1/2017 9/1/2020 8/10/2023 7/2025</p> <p>Next review date: 7/2028</p>
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