A manual resuscitator bag is used to provide air by hand, if your patient is not breathing. The bag can also be used to give large breaths after suctioning, a trach change or when a ventilator circuit is being changed.

The bag must always be near your patient in case of an emergency.

Patients who use a breathing machine (ventilator) can use a resuscitator bag:

- If there is a need to disconnect from the ventilatory.
- If there is a power failure.
- If there is a problem with the ventilator.

How to Use the Bag

Before use:

- Squeeze the bag without blocking the connection. The bag should deflate and inflate without trouble. If it doesn’t, check again to be sure it was put together in the right way. Replace any worn parts. Check the bag for leaks before using. Block the part that connects to the patient and squeeze the bag with one hand. If the pressure relief valve doesn’t hold air, check all connections are tight. If there still are problems, use a different bag.
- If your patient needs oxygen, attach tubing from the bag to the oxygen source. Turn the flowmeter to 5-6 liters per minute.

To Bag Your Patient

- Attach the bag (and optional flex tube) to your patient’s trach tube.
- Begin to give your patient breaths by gently squeezing the bag as you watch your patient’s chest rise. How deeply and how fast you squeeze the bag depends on the size of your patient. Your health care team will talk with you about what’s best for your patient. You will have a chance to practice this on a doll, and your patient.
- Give breaths at a rate of _______ breaths per minute. If you have been taught to bag when you suction, bag for _______ breaths between passes and _______ breaths when you finish. You may increase how often or how much you squeeze the bag, if your patient is having trouble breathing.
- When you have finished, remove the bag from your patient’s trach tube.
- Turn off the flow meter, if oxygen is used.

To Clean the Bag

- Wipe off any mucus from the bag with a clean cloth before putting it away.
- Disposable bags are not cleanable. They are usually changed once a month. Check with your equipment provider.
• A flex tube may be used between the bag and your patient’s trach tube. The flex tube must be detached and cleaned weekly in hot soapy water, rinsed, then disinfected by soaking in 1 part vinegar to 2 parts water for 20-30 minutes. Then rinse the tube, flex, and allow to dry.

Follow These Guidelines
• Always have the bag in the same room as the patient.
• Always keep a disposable back-up resuscitator bag in the GO BAG.
• The resuscitator bag also includes a mask.
  o A mask is used on the bag to provide breath to your patient if the trach tube is blocked or not able to be replaced.
  o Hold gauze over the stoma, if providing a bag and mask breaths to patient with a tracheostomy.
  o The mask has to cover both the mouth and nose.
  o The mask size needs to be changed to a larger mask as your patient grows.
  o Contact your equipment provider if you think your patient may need a mask in a larger size.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 8/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7820