PEDIATRIC (<2 yrs.) VENTILATORY MANAGEMENT

Candidate: ___________________________  Examiner: ___________________________

Date: ________________________________  Signature: ____________________________

NOTE If candidate elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "**" so long as first ventilation is delivered within 30 seconds.

### Actual Time Started: __________

<table>
<thead>
<tr>
<th>Possible Points</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAKES OR VERBALIZES APPROPRIATE PPE PRECAUTIONS</td>
<td>1</td>
</tr>
<tr>
<td>OPENS THE AIRWAY MANUALLY</td>
<td>1</td>
</tr>
<tr>
<td>ELEVATES TONGUE, INSERTS SIMPLE ADJUNCT [OROPHRARYNEAL OR NASOPHRARYNEAL AIRWAY]</td>
<td>1</td>
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</tbody>
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**NOTE:** Examiner now informs candidate no gag reflex is present and patient accepts adjunct

**VENTILATES PATIENT IMMEDIATELY WITH BAG-VALVE-MASK DEVICE UNATTACHED TO OXYGEN | 1 |
**VENTILATES PATIENT WITH ROOM AIR | 1 |

**NOTE:** Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient’s blood oxygen saturation is 85%

ATTACHES OXYGEN RESERVOIR TO BAG-VALVE-MASK DEVICE AND CONNECTS TO OXYGEN REGULATOR [12 – 15 L/minute] | 1 |
VENTILATES PATIENT AT A RATE OF 12 – 20/minute (1 VENTILATION EVERY 3 – 5 SECONDS) AND ENSURES VISIBLE CHEST RISE | 1 |

**NOTE:** After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation.

IDENTIFIES/SELECTIONS PROPER EQUIPMENT FOR INTUBATION | 1 |
CHECKS LARYNGOSCOPE TO ENSURE OPERATIONAL WITH BULB TIGHT | 1 |

**NOTE:** Examiner to remove OPA and move out of the way when candidate is prepared to intubate

PLACES PATIENT IN NEUTRAL OR SNIFFING POSITION | 1 |
INSERTS BLADE WHILE DISPLACING TONGUE | 1 |
ELEVATES MANDIBLE WITH LARYNGOSCOPE | 1 |
INTRODUCES ET TUBE AND ADVANCES TO PROPER DEPTH | 1 |
DIRECTS VENTILATION OF PATIENT | 1 |
CONFIRMS PROPER PLACEMENT BY AUSCULTATION BILATERALLY OVER EACH LUNG AND OVER THE EPIGASTRIUM | 1 |

**NOTE:** Examiner to ask, “If you had proper placement, what should you expect to hear?”

SECURES ET TUBE [MAY BE VERBALIZED] | 1 |

Actual Time Ended: __________

TOTAL 16

### CRITICAL CRITERIA

- Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- Failure to take or verbalize appropriate PPE precautions
- Failure to pad under the torso to allow neutral head position or sniffing position
- Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
- Failure to ventilate patient at a rate of 12 – 20/minute (1 ventilation every 3 – 5 seconds)
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- Failure to pre-oxygenate patient prior to intubation
- Failure to successfully intubate within 3 attempts
- Uses gums as a fulcrum
- Failure to assure proper tube placement by auscultation bilaterally over each lung and over the epigastrium
- Inserts any adjunct in a manner dangerous to the patient
- Attempts to use any equipment not appropriate for the pediatric patient
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.