



## Section 14: Appendix 2: Medical Procedures

### SECTION 14: TRANSPORT VENTILATION DEVICES

P PARAMEDIC P

INDICATIONS	SIGNS AND SYMPTOMS	CONTRAINDICATIONS
<ul style="list-style-type: none"><li>Transport of an intubated or trach patient</li></ul>	<ul style="list-style-type: none"><li>Pt. currently breathing with ventilation device</li></ul>	<ul style="list-style-type: none"><li>Insufficient training</li></ul>

#### PROCEDURE

1. Confirm the placement of tube as per airway protocol.
2. Ensure adequate oxygen delivery to the ventilator device.
3. Pre - oxygenate the patient as much as possible with BVM.
4. Remove BVM and attach ventilation device.
5. Per instructions of device, set initial respiration values; respiratory rate and volume.
6. Assess breath sounds. Allow for adequate expiratory time. Adjust ventilator setting as clinically indicated.
7. If any worsening of patient condition, decrease in oxygen saturation, or any question regarding the function of the ventilator, remove and resume bag-valve ventilations.
8. Document time, complications, and patient response on the patient care report (PCR).

**IF THERE IS EVER ANY QUESTION ABOUT WHETHER OR NOT THE DEVICES IS VENTILATING CORRECTLY, REMOVE IT AND VENTILATE MANUALLY**

**PARAMEDICS MUST RECEIVE TRAINING REGARDING THEIR SPECIFIC VENT DEVICE**

#### KEY POINTS

- Transportation ventilators may be used on patients according to the manufacturer's directions.
- It must be noted that this is a short term adjunct, which must be monitored at all times to prevent tube displacement. If the patient begins to show any signs of further deterioration, the entire airway must be re-evaluated and a bag-valve-mask should be used until the airway can be successfully stabilized.