MCQ’s : RESUSCITATION BAG

1. Which of the following is not an advantage of a self inflating bag over anaesthesia bag?
   a) It is readily usable in an emergency
   b) It can be used even without a compressed gas source
   c) It inflates even without an adequate seal
   d) It can help in the judgement of compliance of the lungs

2. Which of the following is not an indication to start positive pressure breaths to a baby?
   a) HR < 100/mt
   b) Apnoea
   c) Shock
   d) Gasping breathing

3. What is the function of the fish mouth valve in a self inflating bag?

4. A newborn who was born limp was started on bag and mask ventilation after initial steps. After 5 breaths, you notice that the baby has no chest rise. Which of the following steps is not important in managing the baby’s condition?
   a) Ensure adequate seal
   b) Clear the airway if secretions are present
   c) Increase the oxygen concentration by adding a reservoir
   d) Position the baby’s neck so that it is not overflexed or hyperextended

5. How frequently should the mask be decontaminated after use?

6. Which are the two safety mechanisms available in a self inflating bag?

7. A newborn baby is born with meconium stained liquor and is depressed at birth. The attending resident rushes to procure a self inflating bag to start positive pressure breaths. Is this correct?

8. What is the approximate fractional inspired oxygen concentration delivered if the self inflating bag is used with a reservoir?

9. When is the PEEP valve needed while using a self inflating bag?

10. How can one test the bag before use?
ANSWERS

1. C. The self inflating bag may inflate with gas even if there is leak from the face mask. This is a disadvantage, rather than an advantage. However, an anesthesia bag would not inflate if seal is inadequate.

2. C. The other three are indications for initiation of positive pressure breaths. Shock has an independent management algorithm.

3. It opens when the bag is compressed to deliver air/oxygen to the baby. But, during exhalation, it closes to prevent rebreathing.

4. C. This baby has no chest rise. Increased inspired oxygen concentration helps only if ventilation is effective.

5. After each use

6. Pressure manometer and pop off valve

7. This is incorrect. The baby first needs endotracheal suctioning of meconium.

8. Around 90-100%

9. When used on ELBW infants and for bagging a baby who is disconnected from the ventilator

10. Block patient outlet by palm of the hand and squeeze the bag. One should
    
    1) Feel pressure against the palm
    
    2) Look for the opening of inspiratory valve

    3) With higher pressures, one can open the pop off valve