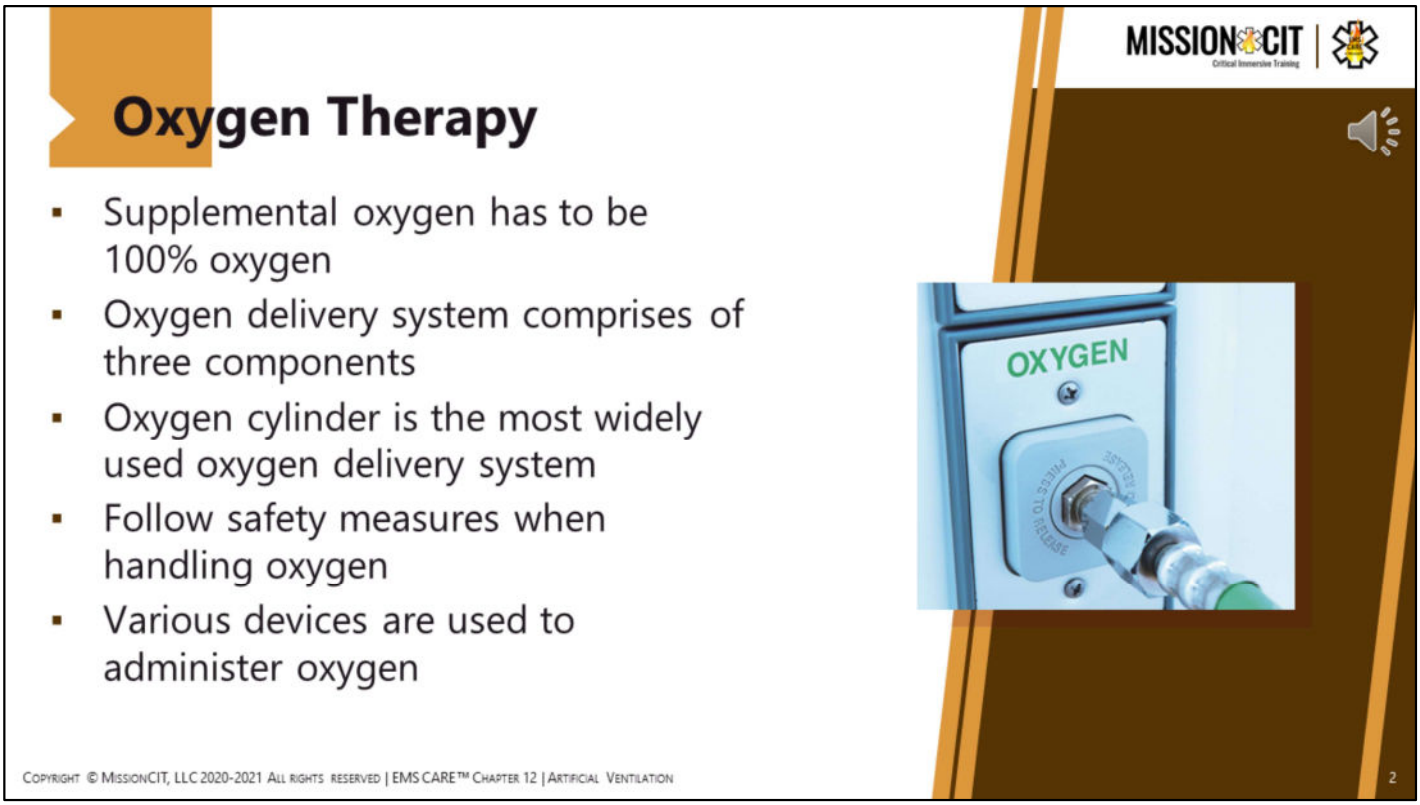


Thanks again Missah. Here's a quick recap of what we have learned so far. Remember, after this review, there will be a 15 question Quiz. You need to score 75% or better to receive credit for this chapter.

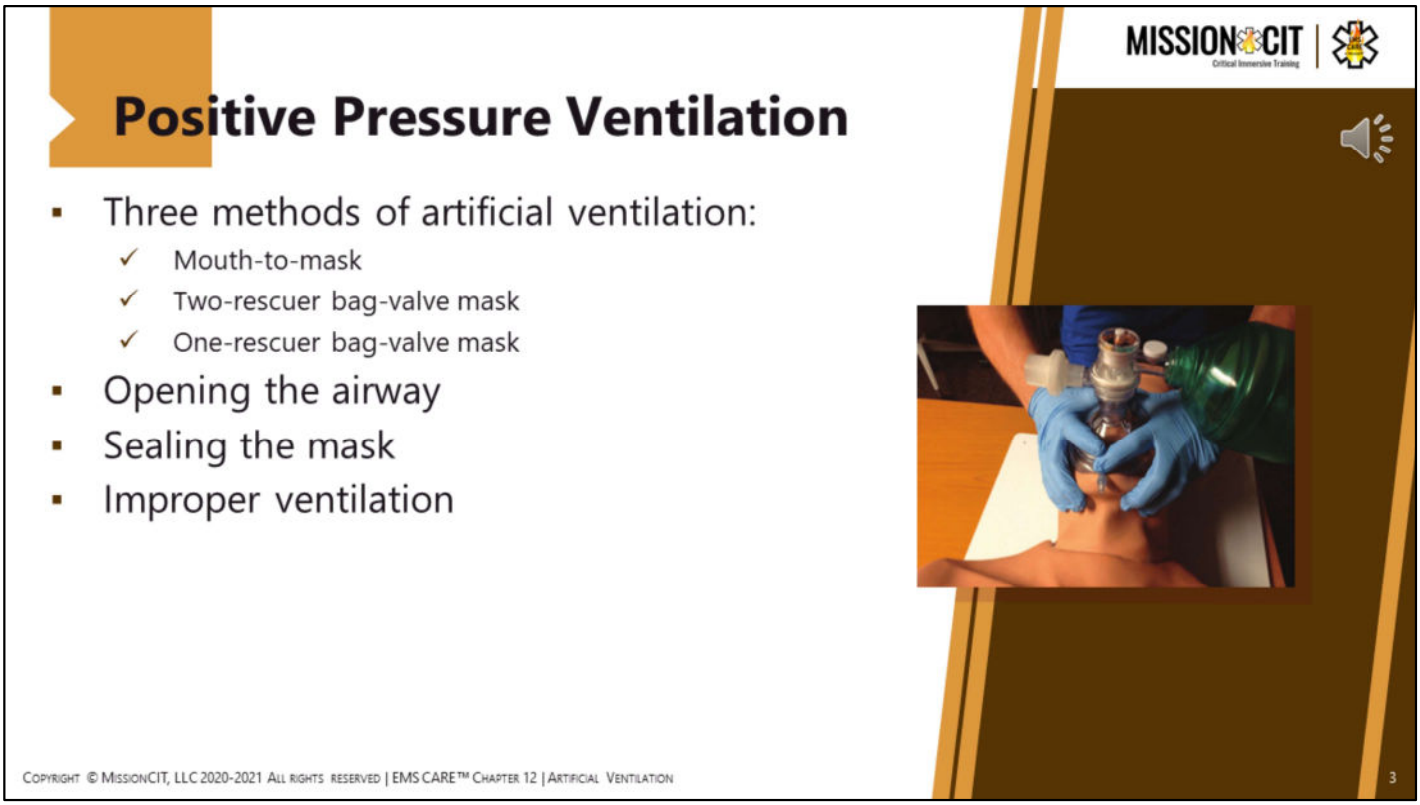
Good studying.



We began with oxygen therapy. Here is a brief description of the different aspects we discussed:

- Oxygen is essential for our survival and we get it from the air. When a person is going through respiratory distress, oxygen has to be given as a drug and for this, the supplemental oxygen has to be 100% oxygen.
- Every oxygen delivery system comprises of three components and they are: Oxygen source, Regulator, and Delivery devices.
- The most widely used oxygen delivery equipment is the oxygen cylinder. Depending on the needs, these cylinders come in various sizes and are identified by letters.
- Always use appropriate safety measures when handling oxygen.
- Nonmedical hazards are extremely rare and can be avoided by treating equipment properly.
- Medical hazards can occur but take time to develop and are rarely seen by EMTs.
- Various devices such as non-rebreather mask, nasal cannula, partial rebreather mask, venturi mask, tracheostomy mask, and blow-by-delivery are used to administer oxygen.

- Finally, care should be taken while oxygenating chest pain or stroke patients.

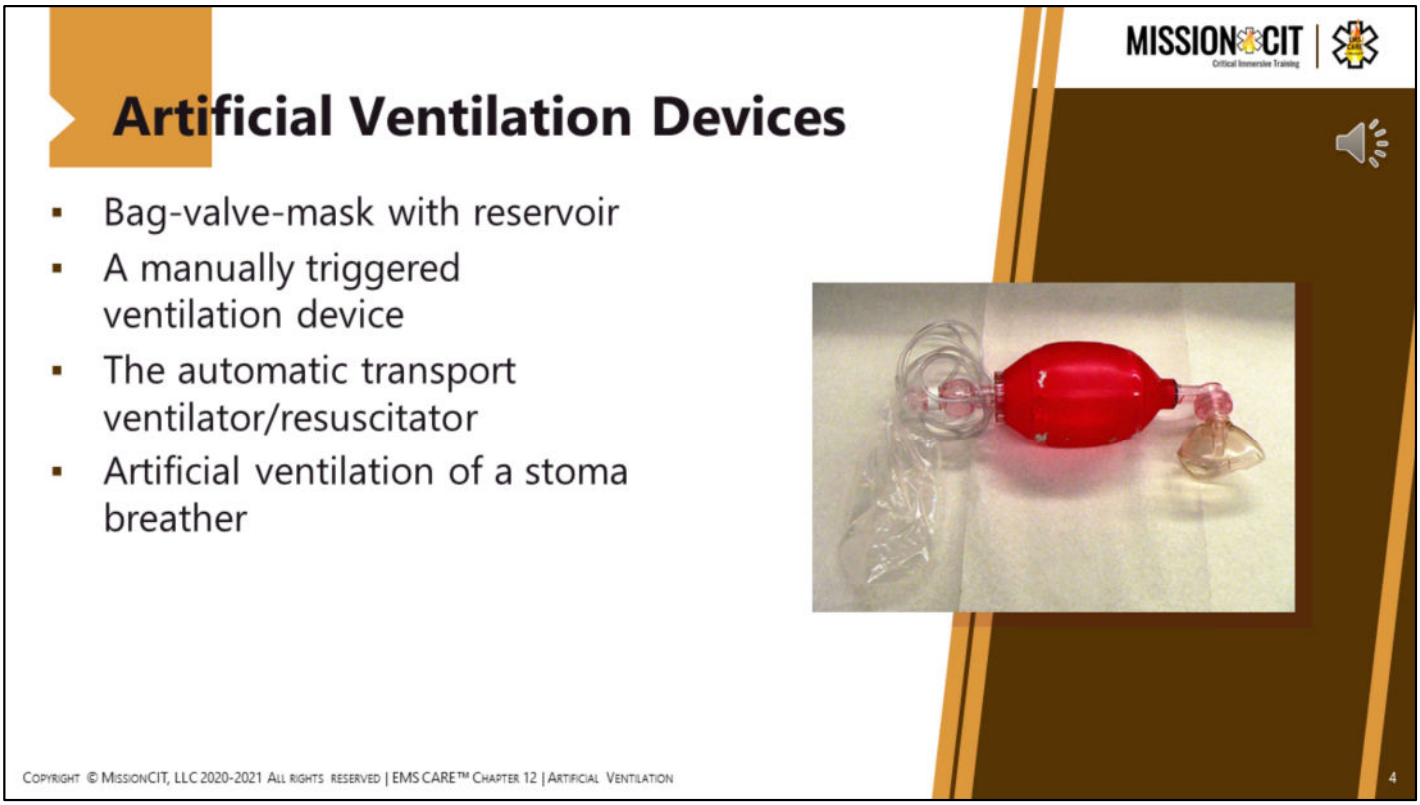


In the next lesson, we mentioned positive pressure ventilation. It is the use of positive pressure to force air or oxygen into the lungs. It is used when a patient has stopped breathing or has inadequate breathing.

The three common methods of artificial ventilation are: Mouth-to-mask, two-rescuer bag-valve mask, and one-rescuer bag-valve mask.

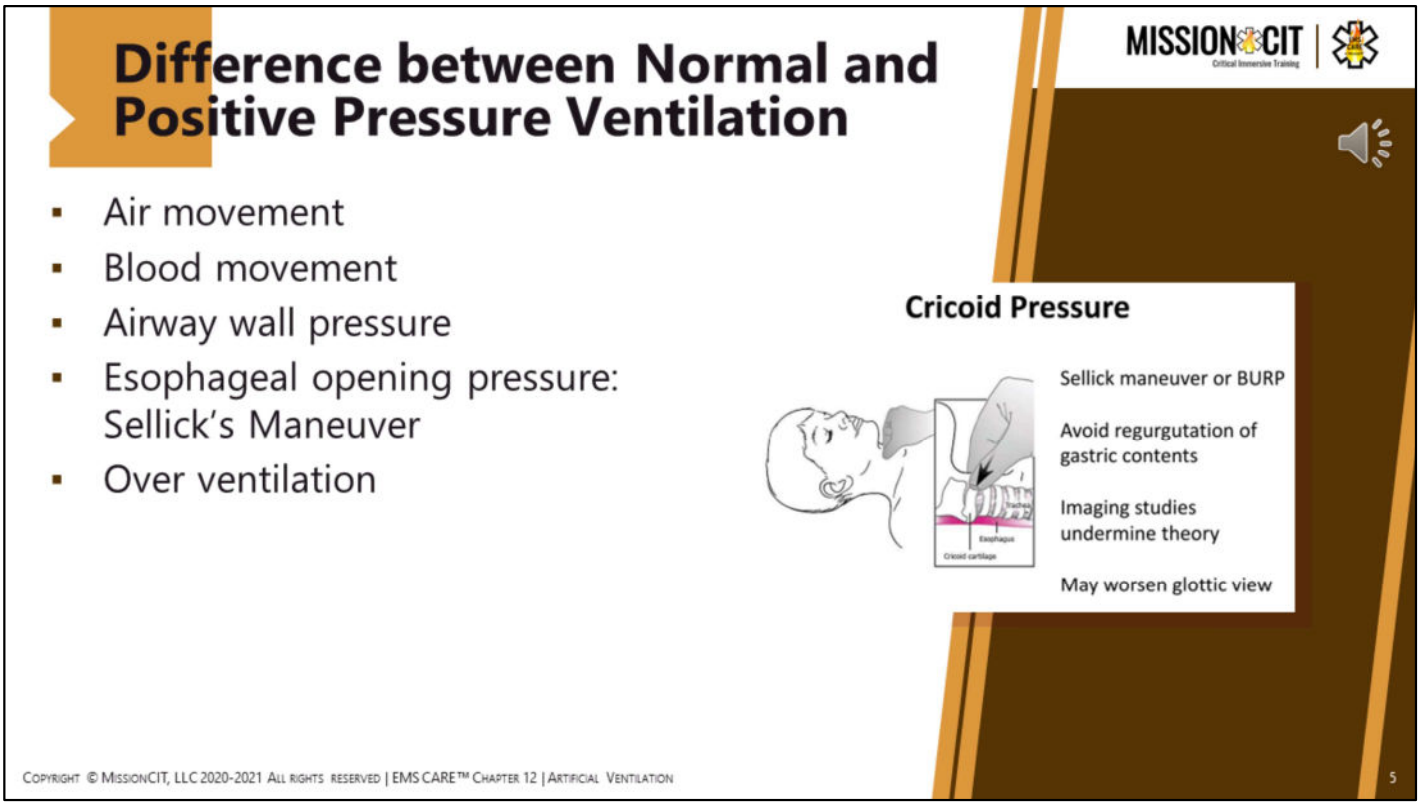
Important objectives of rescue breathing are:

- To open the patient's airway to ensure the free flow of oxygen and carbon dioxide
- Making sure the mask is properly sealed
- Being safe from improper ventilation rates



Moving on, we talked about artificial ventilation devices. Mechanical ventilation is a form of life support. Here is a short note on the different ventilation devices we discussed:

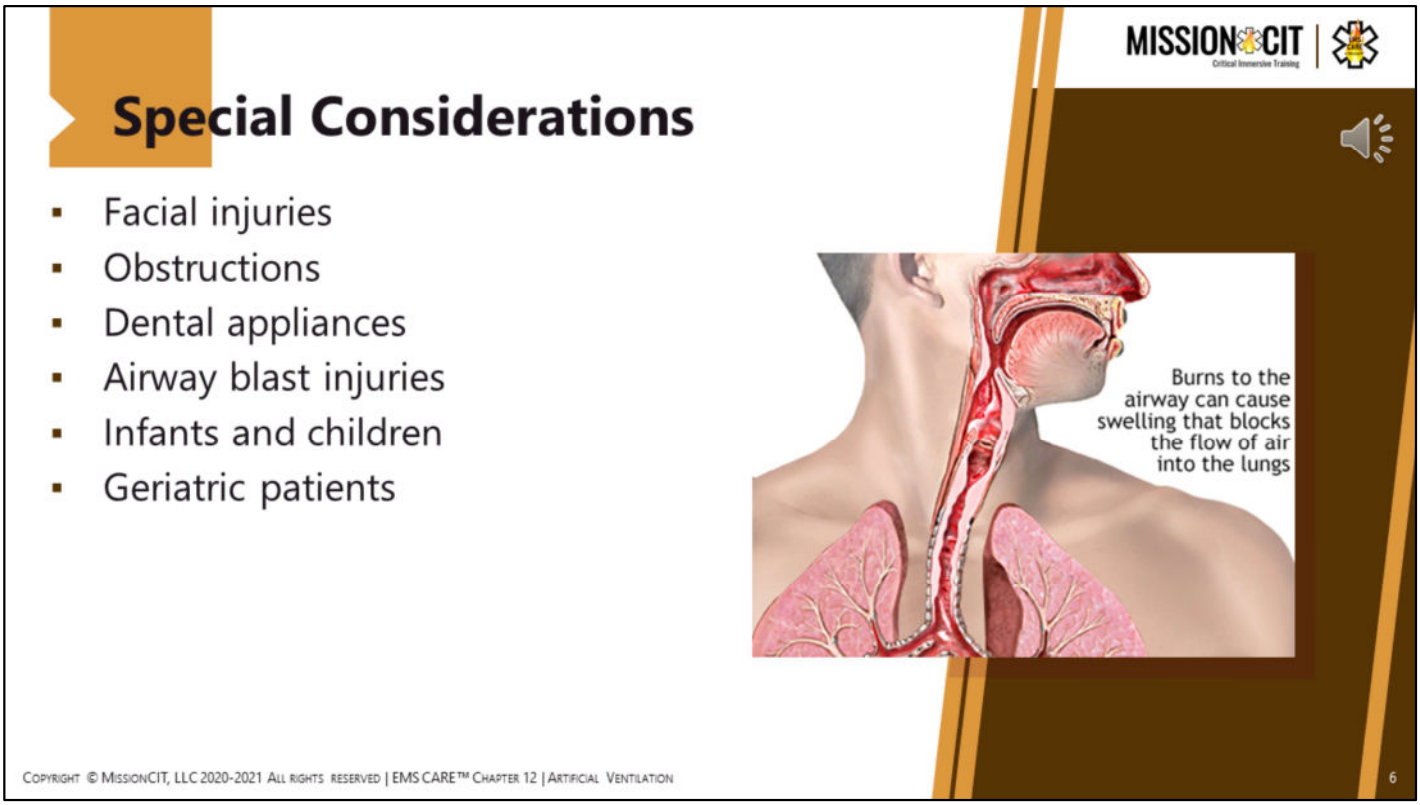
- Bag-valve mask with reservoir also called bag mask or bag-mask device is a handheld ventilation device. It can be used to ventilate a nonbreathing patient and is also helpful to assist ventilations in the patient whose own respiratory attempts are not enough to support life, such as a patient in respiratory failure or drug overdose.
- A manually triggered ventilation device is used to assist ventilation in apneic or hypoventilating patients, although these devices can also be used to provide supplemental oxygen to breathing patients.
- The automatic transport ventilator/resuscitator is essentially a manually triggered ventilation device attached to a control box that allows the variables of ventilation to be set.
- Artificial ventilation of a stoma breather is when the BVM is used to artificially ventilate a patient with a stoma, a surgical opening in the neck through which the patient breathes.



The fourth lesson was about the difference between normal and positive pressure ventilation. Positive pressure ventilation is a form of respiratory therapy that involves the delivery of air or a mixture of oxygen combined with other gases by positive pressure into the lungs. Here we mentioned:

- Air movement
- Blood movement
- Airway wall pressure
- Esophageal opening pressure and
- Over ventilation

In this topic, we specifically spoke about Sellick's Maneuver, it's do's and don'ts. Cricoid pressure, also known as the Sellick maneuver, is a technique used in endotracheal intubation to try to reduce the risk of regurgitation.



Lastly, we discussed special conditions you may face. Here is a recap:

- There are several maxillofacial injuries that require immediate treatment, especially in acute upper airway compromise and/or when profuse hemorrhage occurs.
- Airway obstructions require immediate procedures to clear the airway.
- Dental appliances can threaten airway management.
- Explosions can produce unique patterns of injury. The trauma induced by the explosive wave can be categorized into different categories: primary, secondary, tertiary, and quaternary injuries.
- Inhalation injury can result from the explosion's extinction of available oxygen and creation of particulate matter, smoke, superheated gases, and toxic by-products.
- Pediatric patients are anatomically different from adults; thus, they may require specialized equipment and different airway management techniques.
- The structure and function surrounding the airway change by age, which may ultimately result in having anatomic features of difficult airways in the elderly. Hence, we reviewed the age-related anatomic changes and accordingly compared the characteristics of difficult airways.

That's it! We've come to the end of the chapter review. With this, you are all set to take the

quiz.