

Modified Bain Circuit Used To Transport Critically Ill Patients

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Citation

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Abstract

Necessity plays a key role in the birth of new ideas and innovations that are very rewarding at the time of need. Usually Ambu bag is used for intrahospital transfer of critically ill patients. We report the successful use of modified bain circuit to transfer these patients.

Transport of critically ill patients is an established practice in today's field of emergency medicine. Many potential problems may be avoided by optimization of the patient's condition before transport. Despite all efforts taken to minimize any complication arising during transport, we still have a long way to go and a Herculean task ahead of us. New innovations and ideas happen all the time. Some are planned and others not. Necessity plays a key role in the birth of new inventions that are very rewarding at the time of need. We report the successful use of modified bain circuit for transport of such critically ill patients. Ambu bag is generally used for transport of such patients but there is risk of hypoxemia because Ambu bag can not provide 100% oxygen if needed. We removed the connector from modified bain circuit that is usually attached at the patient end of bain circuit and attached it at the machine end of this circuit. Oxygen supply from transport oxygen cylinder was attached to other end of this connector through a flow meter. During transport patients were ventilated in spontaneous/assisted/controlled mode by adjusting the APL Valve of bain circuit and pressing the bag of bain circuit by resuscitator. Ambu bag still must be available if by chance oxygen cylinder got emptied. As this system could provide

nearly 100% oxygen during transport of these patients so it may decrease the complications of transport arising due to hypoxemia in these patients.

Figure 1



References

1. Ahmad Elsharydah: Manual Resuscitators (Ambu Bags) Can Ventilate The Lungs Adequately Despite Big Subatmospheric Pressure In The Breathing Circuit. The Internet Journal of Anesthesiology. 2003. Volume 7 Number 2.

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