Procedure:
Nasopharyngeal and oral suctioning
Clinical indicators for suctioning:

- Difficulty clearing secretions
- Dysphagia
- Aspiration
Nasotracheal suctioning

- Obtain Suction Catheter Kit (with saline).
- Calmly explain procedure to patient.
- Place the patient in semi-fowlers position (45%) if not contraindicated.
• Hyper oxygenate patient if ordered.
Open suctioning kit and don sterile gloves.
• Pick up the suction catheter with dominant hand without touching non-sterile surfaces.
• Pick up connecting tubing with non-dominant hand.
• Secure catheter to tubing.
• Set suction level on gauge to 100-150mmHg
• Check for proper equipment functioning by suctioning small amount of NSS from basin.
• Lightly coat distal end of catheter (6-8 centimeters) with water-soluble lubricant.
• Advance catheter into nasal cavity with suction port open until patient experiences gag reflex.
  • Discontinue if resistance is met.
• Begin suctioning by depressing and releasing suctioning port, using swift, steady, circular motion (not to exceed 15 seconds).
• Remove catheter with suction port open and rinse with sterile water to clear tubing.
• Maximum number of suction attempts 3
• Allow 30 seconds to 1 minute between attempts to suction to allow reoxygenation and reventilation.
CAUTION

- Patients who have nasopharyngeal bleeding or spinal fluid leaking in to the nasopharyngeal area.
- Those who are receiving anti-coagulation therapy.
- Blood dyscrasia – high risk of bleeding.
Oropharyngeal suctioning

- Obtain Yankauer suction handle and tubing.
- Attach handle to tubing, and tubing to wall suction.
- Apply clean disposable gloves.
• Insert tip of Yankauer suction handle in patient’s mouth.
• With suction applied, move tip around the mouth until secretions are cleared.
• Clear the Yankauer tip with water.
• Place catheter tip in clean, dry area for reuse.
Documentation

- Date
- Time
- Amount
- Color and characteristic of sputum
- Patient’s response
Patient’s Response

- Auscultate breath sounds
  - Normal ?
  - Stridor ?
  - Coarse Rhonci ?
  - Crackles ?
Monitor O₂ Saturation levels

- Saturation level on room air?
- Saturation on oxygen
- Amount of oxygen
- Via facemask at high-flow or nasal canula?
- **Respiratory pattern**
  - Use of accessory muscles
  - Dyspnea
  - Agonal breathing
- **Respiratory rate**
  - Tachypnea $>20$
  - Bradypnea $<12$
Complications of Suctioning

- Increased dyspnea caused by hypoxia and anxiety
- Bloody aspirate from prolonged or traumatic suctioning.
Always ensure the safety and comfort of your patient before exiting the room!
References

- UPMC St. Margaret’s Hospital
  - Evidence Based Practice Policy and Procedure