Azle ISD
Health Services
*Suctioning*

Suctioning is performed when an individual needs assistance in clearing secretions/mucus from the airway in order to help him/her breathe better.

**Indications for suctioning:**
1. Secretions (i.e. mucus or saliva) are pooling in the back of the throat.
2. When a student is in respiratory distress and presents with the following:
   a. Excessive coughing or choking
   b. Difficulty in breathing with agitation
   c. Cyanosis (blue)

**Problem:** Inadequate air exchange r/t increased secretions and inability to clear secretions
**Goal:** Appropriate removal of secretions without damage to airway

**ORAL Suctioning**

**Procedure:**
**Note:** All equipment for suctioning must be assembled and ready for immediate use at all times and checked daily by designated personnel.

1. Wash hands.
2. Assemble equipment:
   a. Suction tubing/ yankeur
   b. Suction machine
   c. Water
3. Position student – position may vary depending on student’s health history
4. Put on gloves.
5. Turn on machine
6. Encourage student to cough to expel secretions (when able)
7. Suction VISIBLE secretions from mouth, assuring not to apply suction to cheeks, tongue, or gums.
8. Leave suction machine on long enough to place tip of catheter/yanker in tap water and rinse secretions out of the catheter and tubing
9. Observe student, if gurgling noises persist repeat mouth suctioning
10. Note how student tolerated suctioning and if it helped the student
11. Note color, consistency and amount of secretions & notify parent or school nurse
12. Wash hands

**DOCUMENTATION:**
1. Color, consistency, and amount
2. How the student tolerated the suctioning

**Possible Problems**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student gags or vomits during suctioning</td>
<td>Catheter is probably down too far. Pull back a short distance and complete suctioning. If vomiting occurs, stop suctioning and remove catheter. Position student on their side to keep airway open, wait until vomiting has stopped, make sure that the student is able to breathe easily. After vomiting, the student may require repeat suctioning. Be careful that the catheter is not down too far.</td>
</tr>
<tr>
<td>Secretions are slightly pink.</td>
<td>The catheter is possibly causing irritation, is getting too close to cheeks, or is down too far. Watch closely where the catheter tip is. Avoid touching cheeks and be careful not to go down too far.</td>
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</tbody>
</table>
9. Insert tip of catheter in water and hold thumb over vent hole to assure system is working correctly and to lubricate the tip of the catheter.
10. Gently insert catheter into tracheostomy tube until it reaches the end of the tube. (The parent should tell you how deep to insert the suction catheter).
11. Cover the thumbhole on the catheter with your non-dominant hand to suction. Hold your thumb over the hole during the entire time you are removing the catheter.
12. Gently remove catheter while rolling it between your first finger and thumb. **(Should not take more than 5-10 seconds for entire process; insertion and removal).**
13. Suction up some sterile water to rinse secretions out of the catheter, making sure not to touch the catheter with anything other than your dominant hand.
14. Repeat steps 7-11 if necessary, allowing the student time to completely recover between catheter passes (breathing easy, color pink).
15. Observe student; mouth suctioning may also be necessary. Always make sure to complete all tracheal suctioning prior to suctioning out the student’s mouth.
16. Note how student tolerated suctioning and if suctioning helped.
17. Note color, consistency and amount of secretions & notify parent or school nurse.
18. Wash hands.

**Possible Problems**

<table>
<thead>
<tr>
<th>Problem</th>
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<tbody>
<tr>
<td>Student coughs during suctioning</td>
<td>Catheter is probably down too far. Pull back a short distance and complete suctioning.</td>
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<td>Secretions are slightly pink.</td>
<td>The catheter is possibly causing irritation. It may be going down too far. Make sure to discuss depth of suctioning with parents.</td>
</tr>
<tr>
<td>Student turns blue or c/o SOB during suctioning</td>
<td>May be taking too long for insertion and removal. Make sure to take only 5-10 seconds for entire process. DO NOT apply suction while inserting catheter, only when removing it. If tracheostomy tube is blocked (suction catheter will not pass), change inner cannula, if present, or replace entire tracheostomy tube. Call 911 if you cannot relieve breathing difficulty immediately!</td>
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</tbody>
</table>

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NASN