Suctioning

Suctioning is performed when an individual needs assistance in clearing secretions/mucus from their 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 present 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 airway 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. Turn on machine
5. Put on gloves and encourage student to cough in order to expel secretions (when able)
6. Suction visible secretions from mouth, assuring not to apply suction to cheeks or tongue.
7. Suction some water through the catheter to rinse the secretions out
8. Observe student, if gurgling noises continue repeat suctioning
9. Note how the student tolerated suctioning and if the student is better afterwards
10. Note color, consistency and amount of secretions and notify parent or school nurse
11. Wash hands

**Possible Problems**

<table>
<thead>
<tr>
<th>Problems</th>
<th>Action</th>
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<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</td>
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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.

Secretions are slightly pink. 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.

Tracheal Suctioning via tracheostomy

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. Sterile gloves
   b. Sterile suction tubing
   c. Suction machine
   d. Sterile water/saline
3. Position student – position may vary depending on student’s health history
4. Pour water into a sterile cup
5. Turn on machine and put on gloves assuring to keep dominant hand sterile
6. Hold suction catheter with dominant hand about 3 inches from the tip
7. Encourage student to cough in order to expel secretions (when able)
   a. If unable to cough and expel secretions; put 2-3 drops of saline or sterile water (if available and ordered by physician) into tracheostomy tube
      i. If on home ventilator, disconnect ventilator at trach and instill 2-3 drops of saline/sterile water and then reconnect ventilator to trach for 2-4 breaths before suctioning - or follow doctors instructions.
8. Gently insert catheter into tracheostomy tube until it reaches the end of the tube. (the parent should tell you how deep to suction).
9. Cover the thumb hole on the catheter with your non-dominant hand to suction. Hold your thumb over the hole the entire time you are removing the catheter from the trach tube.
10. 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).
11. Suction up some sterile water to rinse the secretions out, making sure not to touch the catheter with anything other than your sterile dominant hand.
12. Repeat steps 7-11 if necessary, allowing the student time to completely recover between catheter passes (breathing easy, color pink).
13. Observe student; mouth suctioning may also be necessary after tracheal suctioning is complete.
14. Note how the student tolerated suctioning and if the suctioning helped.
15. Note color, consistency and amount of secretions and notify parent or school nurse.
16. Wash hands.

**Possible Problems**

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<tr>
<td>Student coughs 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>
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<tr>
<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 or physician.</td>
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<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 the catheter, ONLY when removing it.</td>
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