

# SUCTIONING

## OVERVIEW:

A procedure for clearing the airway quickly of secretions via a vacuum pump or some other mechanical device.

## INDICATION:

- When patient is exhibiting respiratory difficulty secondary to secretions in airway or the potential for aspiration exists.

## CONTRAINDICATIONS:

- N/A

## PROCEDURE:

### *ORAL SUCTIONING:*

- Pre-oxygenate patient with 100% oxygen.
- Assemble equipment: Suction unit with tonsil tip or dental tip, personal protective equipment (gloves, goggles, etc).
- Attach required monitoring equipment.
- Turn suction unit on and confirm mechanical suction is present.
- Insert tip without suction – if equipment allows.
- Apply suction for no more than 15 seconds.
- Monitor patient's oxygen saturation.
- Re-oxygenate patient for at least 2 – 3 minutes between suction attempts if possible.

### *TRACHEAL SUCTIONING ON INTUBATED PATIENT:*

- Pre-oxygenate patient with 100% oxygen.
- Assemble equipment: Suction unit, correct size suction catheter, sterile rinse, personal protective equipment (gloves, goggles, etc).
- Attach required monitoring equipment.
- If patient is being ventilated with BVM prior to suctioning, have someone else remove the bag from end of ET tube prior to suction attempt.
- Insert catheter into the ET tube without applying suction.
- Advance catheter as far as possible.
- Withdraw slowly using **intermittent** suction while rotating catheter.
- Do not suction more than 15 seconds.
- Monitor patient's oxygen saturation. Re-oxygenate patient for at least 2 – 3 minutes between suction attempts.

## CONSIDERATIONS:

- Oral and tracheal suctioning can cause trauma to the oropharynx and airway, bradycardia, or hypoxia. It should not delay other resuscitation.