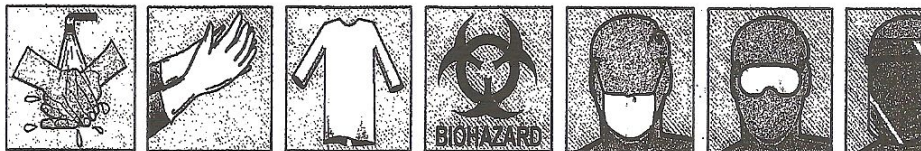


Suctioning the Upper Airway (Oral Pharyngeal Suctioning)

Protective Barriers
(as necessary to prevent exposure to blood or body fluids)



Handwashing Gloves Gown Designated Waste Disposal Mask Goggles Face Shield

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|-------------------------------|---|
| Purpose | The purpose of this procedure is to clear the upper airway of mucous secretions and prevent the development of respiratory distress. |
| Preparation | <ol style="list-style-type: none"> 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for suctioning. 2. Review the resident's care plan to assess for any special needs of the resident. 3. Obtain baseline vital signs and oxygen saturation from the resident's medical record. 4. Assemble the equipment and supplies as needed. 5. Test equipment before use. Determine if suction equipment is generating appropriate negative pressure. Use lower negative pressure with older residents whose oral mucosa is fragile. <ol style="list-style-type: none"> a. Wall suction units should be set between 100-120 mm Hg. b. Portable suction devices should have negative pressure set at 10-15 mmHg. |
| General Guidelines | <ol style="list-style-type: none"> 1. Use the nasal route to suction the pharynx whenever practical. Suctioning from the mouth increases the introduction of bacteria into the airway. 2. Older clients are more susceptible to aspiration of secretions because of weakened cough and gag reflexes. 3. Do not routinely suction. Suctioning irritates the mucous membranes and can increase secretions if performed too frequently. Type and frequency of suctioning is based on assessment of resident's respiratory distress. 4. Residents with dysphagia (impaired swallowing) may benefit from suctioning before, during and after meals. 5. Oropharyngeal suctioning is performed using clean technique. 6. Monitor the resident's vital signs during the procedure. Discontinue and notify physician if resident shows signs of distress. |
| Equipment and Supplies | <p>The following equipment and supplies will be necessary when performing this procedure.</p> <ol style="list-style-type: none"> 1. Towel or Chux pad; 2. 100 cc saline or water; 3. Disposable cup or non-sterile basin; 4. <i>Yankauer</i> or open-tipped catheter (if secretions are thick and copious) or curve-tipped #10 to #16 French catheter with suction control port or adapter; 5. Sterile gauze; 6. Tubing (approximately 6 feet); and 7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed). |
| Assessment | <ol style="list-style-type: none"> 1. Identify the following risk factors for impaired airway clearance or aspiration: <ol style="list-style-type: none"> a. Impaired cough or gag reflex; b. Dysphagia; c. Weak respiratory muscles (from injury, abdominal surgery, etc.); d. COPD; e. Smoking; and/or f. Decreased level of consciousness. |
| Assessment (continued) | <ol style="list-style-type: none"> 2. Assess for the following signs and symptoms of respiratory distress: <ol style="list-style-type: none"> a. Dyspnea; b. Gurgling or rattling breath sounds; c. Cyanosis; d. Decreased oxygen saturation (SpO₂); |

Steps in the Procedure

- e. Restlessness; and/or
- f. Obvious secretions or vomitus in mouth.

1. Provide for resident privacy.
2. Explain the procedure to the resident.
3. Perform hand antisepsis.
4. Put on gloves.
5. Put on mask and protective eyewear (goggles or face shield), as indicated.
6. Assist the resident to semi-Fowler's position with head turned toward you. If the resident is unconscious, place in lateral position facing you.
7. Place towel or Chux pad under the chin.
8. Turn on suction unit and set to appropriate negative pressure (100-120 mmHg for wall unit or 10-15 mmHg for portable unit).
9. Fill cup or basin with approximately 100 cc water.
10. Verify that suction tubing is attached to wall or portable unit.
11. Attach catheter to tubing.
12. Suction a small amount of water from the basin (by placing finger on the port) to verify negative pressure.
13. Remove oxygen mask from resident, if necessary. (Note: Do not remove nasal cannula if only suctioning from the mouth.)
14. Pull the tongue forward, if needed, using sterile gauze.
15. Advance the catheter into the mouth approximately 4 to 6 inches along the gumline.
16. Staying along the gumline, apply suction until secretions are cleared.
17. Replace oxygen mask.
18. Clear catheter and tubing of secretions by suctioning water from the basin.
19. Assess the respiratory status of the resident and effectiveness of procedure.
20. Repeat procedure, if necessary.
21. If the resident's physical or medical condition permits, assist the resident to a position that promotes deep breathing and coughing.
22. Turn off suction.
23. Remove towel or Chux pad and place in designated receptacle.
24. Discard water or saline in commode. Dispose of cup in designated receptacle.
25. Rinse basin with warm, soapy water.
26. Empty and rinse collection container if necessary or as indicated by facility protocol.
27. Place catheter in clean, dry area.
28. Discard personal protective equipment in designated receptacles. Wash and dry your hands thoroughly.
29. Apply clean gloves and provide oral hygiene for the comfort of the resident, if indicated.
30. Reposition the bed covers. Make the resident comfortable.
31. Place the call light within easy reach of the resident.
32. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the procedure was performed.
2. The type and size of catheter used.
3. Amount of negative pressure (mmHg) used to suction.
4. Amount, color and characteristics of secretions (color, odor, thickness, etc.).
5. The resident's response to the procedure.
6. Cardio-pulmonary status, including lung sounds, during the procedure.
7. Assessment data before and after the procedure.
8. If the resident refused the treatment, the reason(s) why and the intervention taken.
9. The signature and title of the person performing the procedure.

Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.