

## **Suctioning: Oral pharyngeal Nasal Using Clean Technique**

### **A. General Guidelines**

1. A qualified person trained in suctioning must be on site whenever a student requiring suctioning is at school.
2. The student's school program is arranged so that he or she is within easy access to the suctioning equipment.
3. Encourage student to cough to clear airway and possibly eliminate need for suctioning. However, some students may not be able to cough.
4. Avoid unnecessary suctioning to reduce chances of injury and infection. Use a bulb syringe when appropriate, as this is less traumatic.
5. Clean technique may be used for suctioning of the nose, throat and mouth.
6. Suctioning shall be performed:
  - a) According to physician's special orders
  - b) Upon request of student
  - c) When noisy, moist respirations occur
  - d) When respiratory distress exists
  - e) When mucus is visible in the nose or mouth

### **B. Purpose of Suctioning**

- Purpose - To maintain an open airway by keeping it clear of excessive secretions and to prevent aspiration.

### **C. Equipment:**

1. Suction machine, including collecting bottle, connecting tube, and adapter. This equipment is to be left at school.
2. Resuscitation device, applicable for students with trachs, when ordered
3. Clean disposable suction catheters/device
4. Nonwaxed clean paper cups
5. Supply of clean water (to clear catheter)
6. Disposable exam gloves
7. Clean tissues or gauze pads
8. Plastic lined wastebasket (kept beside machine and used for contaminated materials)

### **D. Personnel Recommendations:**

- The procedure for oropharyngeal and nasal suctioning should be performed by a qualified school RN, physician, or qualified designated school personnel under supervision, as recommended by the qualified professional nurse and agreed upon by the IEP team.

## PROCEDURE FOR SUCTIONING: ORAL/PHARYNGEAL NASAL USING CLEAN TECHNIQUE

Essential Steps	Key Points and Precautions
1. Verify at the beginning of each school day that all equipment and supplies are ready for immediate use.	<i>The preferred procedure is to use a disposable clean catheter. After use, the catheter can be rinsed clean, air-dried and stored in a clean package. A single catheter that is not grossly dirty can be used for a 24-hour period. When using one catheter to suction the mouth and nose, rinse between suctioning. Do not use this catheter for Tracheotomy Suctioning.</i>
2. Wash hands prior to suctioning unless it is an emergency and you do not have time to wash your hands.	
3. Assemble and prepare equipment in a clean area. Fill paper cup with water. Open catheter package without touching the tip of the catheter.	Saline may be indicated for use when secretions are thick and need to be liquefied. Reduces the risk of contaminating catheter
4. Position student and place tissue or gauze nearby. Explain the procedure to the student.	Positioning is dependent upon student's condition and physician's recommendations. Knowing what to expect encourages cooperation. A student with a shunt should always have head higher than the abdomen.
5. Put gloves on both hands and use one hand to handle the catheter (the clean hand)	Gloves keep catheter and hands clean. They also reduce the possibility of exchange of body fluids.
6. Holding suction connection tubing with "dirty" hand, attach catheter to suction tubing with "sterile" hand. Turn on machine with "dirty" gloved hand.	Handle catheter by not touching the last 3 inches at the tip. Do not allow this portion of the catheter to touch any surfaces outside of the mouth
7. Suction as follows:	Suction loosens secretions and stimulates coughing. When introducing catheter, never cover the vent.
a) Leave the thumb port of the catheter open and introduce the catheter into the mouth or nostril, without suction.	
b) If the gag or cough reflex is stimulated, withdraw catheter slightly	
c) Place "dirty" gloved thumb over vent. With "sterile" gloved hand, gently rotate catheter between thumb and forefinger while slowly withdrawing catheter.	This prevents injury to tissues and prevents vomiting and possible aspiration. If catheter remains in one place, the mucous membranes will be drawn against it. This occludes and injures tissue.
d) Withdraw catheter immediately when student begins to cough.	Catheter acts as foreign object and may interfere with bringing up secretions

**PROCEDURES FOR SUCTIONING: ORAL/PHARYNGEAL NASAL  
USING CLEAN TECHNIQUE**

Essential Steps	Key Points and Precautions
<p>e) Each insertion and withdrawal of catheter to suction should last no longer than 10 seconds at a time. <b>Allow 3 to 5 deep breaths between suctioning.</b></p> <p>f) Repeat steps (7b) through (f) as needed</p> <p>g) Supply deep breaths with resuscitation bag as needed</p>	<p>Allow time for breathing 3-5 times between suctioning periods. Prolonged suctioning can cause throat spasm, loss of oxygen, and change in heartbeat. Respiration should be quiet and effortless at end of suctioning.</p> <p>Use of resuscitation bag provides deep breathing and/or stabilizes disrupted breathing patterns. <i><b>*If resuscitation bag is not available, allow student to take deep breaths.</b></i></p>
<p>8. Suction sufficient amount of water through catheter to clean out tubing. Occlude the thumb port of catheter and suck air through catheter to dry it. Wipe exterior of catheter with tissue or gauze and store in clean package for next use. Discard catheter (or send home for cleaning and disinfection) if very dirty and use another clean catheter for future suctioning. Use universal precautions.</p> <p>9. Discard paper cup and tissue or gauze.</p> <p>10. Remove disposable exam gloves and wash hands.</p> <p>11. Put supplies away and make sure equipment is ready for immediate reuse.</p> <p>14. Record procedure on log and permanent health record. Document and verbally report any unusual occurrence such as change in color or consistency of secretions, presence of blood or vomiting.</p> <p>15. At end of school day or more frequently if needed, use universal precautions to empty contents of suction bottle into toilet. Wash bottle with soap/water</p>	

**Suctioning: Nasal and Oral Technique Skills Checklist**

[ ] Initial [ ] Review

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Person Trained: \_\_\_\_\_ Position: \_\_\_\_\_

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
<b>States name and purpose of procedure.</b>							
<b>Identifies Supplies:</b>							
1. Suction machine with tubing.							
2. Catheter							
3. Cup of tap water							
<b>Steps:</b>							
1. Assembles supplies							
2. Washes hands. Puts on gloves.							
3. Turns suction machine on and checks function.							
4. Removes catheter from storage bag being careful not to touch the last 3 inches of catheter.							
5. Attaches catheter to suction tubing.							
6. Without applying suction, inserts catheter into nose and advances until student coughs or obstruction is met.							
7. Applies suction when student coughs and withdraws catheter while rotating catheter.							
8. Puts a few drops of normal saline into nose to thin out secretions (if they are thick).							
9. Repeats suctioning in this order (Steps 6-8) until nose is clear.							
10. Suctions mouth by advancing catheter into mouth without suction.							
11. Applies suction and withdraws catheter while rotating.							
12. Repeats suction in above order (Steps 10-11) until mouth is clear.							
13. Dispose or cleans catheter.							
14. Rinses tubing with tap water.							
15. Disposes of gloves.							

Comments: \_\_\_\_\_

Overall Rating:      **PASS**  
     **FAIL**

*Successful completion of a minimum of three demonstrations with 100% accuracy  
 Practical must be repeated. Trainer must complete Summary of Skills Form and  
 attach to this checklist.*

\_\_\_\_\_  
 Date:                      School RN Signature                      Date                      Employee Signature