

Oral – Nasal Suctioning

I. Personnel Involved

- A. School nurse
- B. Designated school personnel under direct or indirect supervision
- C. School nurse as procedural supervisor

II. General Information

- A. This procedure requires a physician's authorization. The service must be reauthorized yearly by the prescribing physician and parent.
- B. The student's school program is arranged so that he/she is within easy access to the suctioning machine or bulb syringe.
- C. Encourage student to cough to clear airway and possibly eliminate need for suctioning.
- D. Clean technique is used for oral/nasal pharyngeal or tracheostomy suctioning. If a catheter is necessary for tracheostomy suction, refer to Tracheostomy Suctioning.
- E. Suctioning shall be performed
 - 1. according to physician's special orders.
 - 2. Upon request of child
 - 3. When noisy, moist respirations occur.
 - 4. When respiratory distress exists (restlessness, crying, anxious look, pale color, and nasal draining).
 - 5. When mucous is visible.
- F. Parent/careprovider will supply necessary equipment for performing procedure at school.

III. Guidelines

- A. Purpose
 - To create and maintain a patent airway by removing mucous secretions and all foreign material from the oropharynx (mouth and throat) and/or nasopharynx (nose and throat or tracheostomy).
- B. Equipment (*Parent/careprovider responsibility)
 - *1. Suction machine, including collecting bottle, connecting tube, and adapter when needed or bulb syringe.
 - *2. Sterile disposable suction catheters, bulb syringe or Yankaeur catheter (bite reflex may inhibit use of soft catheters).
 - 3. Container for water
 - *4. Gloves.
 - 5. Clean tissues.
 - 6. Plastic lined wastebasket
 - 7. Goggles (optional)

IV. Procedures
Oral – Nasal Suctioning

| <i>Essential steps</i> | <i>Key points and precautions</i> | <i>Child specific</i> |
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| <ol style="list-style-type: none"> 1. Verify at the beginning of each school day that all equipment/supplies are ready for immediate use and initial checklist. 2. Wash hands prior to suctioning unless it is an emergency. 3. Explain procedure to the child at appropriate level of understanding. 4. Position student according to physician’s recommendations. <p>For Catheter Suctioning, Proceed to Step 9 and Omit Steps 5 to 8. For Bulb – Syringe Suctioning, Follow Steps 5 Through 8 plus 17 Through 20.</p> <ol style="list-style-type: none"> 5. Put on gloves. 6. Obtain a suction by squeezing the bulb <u>prior</u> to entering orifice. Maintain squeeze and enter orifice (mouth, nose, or tracheostomy) where secretions are visible. Once inside orifice, release squeeze which will cause a suction collecting the secretions. Remove bulb syringe and squeeze out secretions onto paper tissue. Repeat process until airway is clear, allowing the student brief rests between insertions. 7. Clean the bulb syringe with tap water after use. 8. Suction bleach and water, 1:10 solution to clean the bulb syringe at the end of each day it is used. 9. Assemble and prepare equipment in a clean area. <ol style="list-style-type: none"> a. Fill paper cup with water. b. Open catheter package. c. Place tissue or gauze nearby. 10. Attach catheter to suction tubing and turn on suction machine. 11. Glove. 12. Place catheter tip in cup of water to draw a small amount of water through it to lubricate the tip. 13. Measure from nose to ear to just below the angle of the jaw to determine length of catheter insertion. 14. Leave the vent open when introducing the catheter. Apply suction by placing thumb over vent and withdraw the catheter with a rotating motion. | <p>The checklist is a legal requirement</p> <p>For catheter oral suctioning, suction the mouth first and then the nares. If the Nose is suctioned first, this can cause a gasp and secretions in the oral (maouth) pharynx may be aspirated.</p> <p>If bulb is squeezed inside orifice, secretions may be forced into airway.</p> <p>Gloves are used to keep catheter clean and hands clean.</p> <p>Pre-measurement will prevent suctioning the esophagus and gastric secretions.</p> <p>Suctioning should not exceed 10 seconds each time the catheter is introduced. For children, 12.5 – 25 cm (5 0-10’’)Hg of negative pressure is recommended. (or physician’s recommendation).</p> | |

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| <ol style="list-style-type: none">15. suction in the following order.<ol style="list-style-type: none">a. Introduce catheter into the mouth. If no cough reflex, suction throat.b. Introduce catheter just inside the nares and suction.c. Repeat suctioning until the pharynx is clear, allowing the child brief rests between catheter insertions.16. Suction sufficient water through catheter to clear tubing.17. Holding catheter in gloved hand, pull glove off, encasing catheter in glove and discard both. Discard paper cup.18. At the end of the school day empty contents of suction bottle into toilet. Wearing gloves, wash bottle with soap and water, or bleach solution and water 1:10. If Yankaeur catheter is used, soak it in disinfectant overnight.19. Close plastic liner of wastebasket securely prior to disposal.20. Record procedure on SPHCS log. | | |
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