

# 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>
<ol style="list-style-type: none"> <li>1. Verify at the beginning of each school day that all equipment/supplies are ready for immediate use and initial checklist.</li> <li>2. Wash hands prior to suctioning unless it is an emergency.</li> <li>3. Explain procedure to the child at appropriate level of understanding.</li> <li>4. Position student according to physician’s recommendations.</li> </ol> <p><b>For Catheter Suctioning, Proceed to Step 9 and Omit Steps 5 to 8.</b>  <b>For Bulb – Syringe Suctioning, Follow Steps 5 Through 8 plus 17 Through 20.</b></p> <ol style="list-style-type: none"> <li>5. Put on gloves.</li> <li>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.</li> <li>7. Clean the bulb syringe with tap water after use.</li> <li>8. Suction bleach and water, 1:10 solution to clean the bulb syringe at the end of each day it is used.</li> <li>9. Assemble and prepare equipment in a clean area. <ol style="list-style-type: none"> <li>a. Fill paper cup with water.</li> <li>b. Open catheter package.</li> <li>c. Place tissue or gauze nearby.</li> </ol> </li> <li>10. Attach catheter to suction tubing and turn on suction machine.</li> <li>11. Glove.</li> <li>12. Place catheter tip in cup of water to draw a small amount of water through it to lubricate the tip.</li> <li>13. Measure from nose to ear to just below the angle of the jaw to determine length of catheter insertion.</li> <li>14. Leave the vent open when introducing the catheter. Apply suction by placing thumb over vent and withdraw the catheter with a rotating motion.</li> </ol>	<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>	

- |  |  |  |
|--|--|--|
| <ol style="list-style-type: none"><li>15. suction in the following order.<ol style="list-style-type: none"><li>a. Introduce catheter into the mouth. If no cough reflex, suction throat.</li><li>b. Introduce catheter just inside the nares and suction.</li><li>c. Repeat suctioning until the pharynx is clear, allowing the child brief rests between catheter insertions.</li></ol></li><li>16. Suction sufficient water through catheter to clear tubing.</li><li>17. Holding catheter in gloved hand, pull glove off, encasing catheter in glove and discard both. Discard paper cup.</li><li>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.</li><li>19. Close plastic liner of wastebasket securely prior to disposal.</li><li>20. Record procedure on SPHCS log.</li></ol> |  |  |
|--|--|--|