

# ORONASOPHARYNGEAL SUCTIONING

## Objective

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1. To remove secretions, keep airway patent.
2. To promote pulmonary gas exchange.
3. To prevent pneumonia caused by accumulated secretions.

## Equipment

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- portable suction machine
- suction catheter
- glass containing water (cold, previously boiled) or normal saline.
- client's own suction catheter.
- Gloves.

## Procedures

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1. Wash your hands.
2. Position client with head and upper body slightly reclined.
3. Put on glove. Use your gloved hand to pick up the catheter and your ungloved hand to hold the connecting tubing.
4. Attach the catheter to the connecting tubing.
5. Test suction machine by turning on machine, placing the distal end of the catheter in the water container and covering side port with your thumb to draw up the water. (This applies the suction and lubricates the catheter for easier insertion).

### *Oral Suction:*

1. Insert suction catheter into client's mouth and along one side until it reaches the back of the throat. Aspirate pooled secretions by covering the control valve with your thumb and gently rolling the catheter between your thumb and index finger as you withdraw the catheter.

### *Nasopharyngeal Suction:*

1. Determine correct insertion length of catheter, so that it won't pass into the trachea, by measuring from the tip of the nose to the ear lobe.
2. Mark the position with your gloved hand at this point.
3. Dip end of catheter into water to lubricate

4. Gently insert the catheter through one nostril, on a slight downward slant, to the appropriate pre-measured distance, directing the tip along the floor of the nasal cavity (If you meet resistance don't force the catheter, use the other nostril).
5. Then, apply suction as you withdraw the catheter; simultaneously roll the catheter between your thumb and index finger as you remove it.
6. After completing the procedure clear tubing by drawing up water through the catheter.
7. Store catheter in same packaging. Remove gloves and discard.

**\*\*Catheter is changed every 24 hours. Water/normal saline container is changed once a day. Bottle collecting secretions is discarded and cleansed with Action-DSC at end of each shift.**

*Precautions:*

1. Suctioning often stimulates a gag or cough reflex, therefore it is best to suction prior to feeding to reduce the risk of vomiting.
2. Suctioning removes oxygen as well as secretions from the airway so the client may become hypoxic and have difficulty breathing, or become anxious. Never suction for more than 10 to 12 seconds at one time. And always wait 30 seconds in between suction, so client can settle and reoxygenate.
3. Stimulating the vagus nerve can cause altered heart rhythms; avoid poking "in and out" at the back or sides of the throat.

*Observe:*

1. Color of secretions, amount and consistency.
2. Client's respiration rate sounds i.e. moist sounding respirations, gurgling
3. Client's skin color and comfort
4. Report any abnormalities to nurse consultant

## Information

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