Procedure Guideline for Performing Nasotracheal Suctioning

1. Assess for any contraindications to the procedure.

2. Gather the necessary equipment and supplies.

3. Perform hand hygiene, and provide for the patient’s privacy. Introduce yourself to the patient and family, if present.

4. Identify the patient using two identifiers, such as the patient’s name and birth date or name and medical record number, according to your agency’s policy. Compare the identifiers in the patient’s MAR/medical record with the information on the patient’s identification bracelet.

5. Place a pulse oximeter on the patient and leave in place for the procedure.

6. Help the patient sit up or place the patient in a semi-Fowler’s position.

7. Perform hand hygiene, and put on a mask, goggles, or a face shield if splashing is likely.

8. Connect one end of the connecting tubing to the suction machine, and place the other end in a convenient location near the patient. Turn on the suction device, and set the suction pressure as low as possible to effectively clear secretions. Occlude one end of the connecting tubing to check the pressure.

9. Prepare the one-time-use suction catheter:
   
   A. Using aseptic technique, open the suction kit or catheter. Place a drape on patient’s chest or on the overbed table. Do not allow the suction catheter to touch any nonsterile surfaces.
   
   B. Unwrap or open the sterile basin, and place it on the bedside table. Be careful not to touch the inside of the basin. Fill the basin with about 100 mL of sterile normal saline solution or water.
   
   C. Open the lubricant. Squeeze a small amount of the lubricant onto the open sterile catheter package without touching the package.

10. Apply a sterile glove to each hand, or apply a nonsterile glove to your nondominant hand and a sterile glove to your dominant hand.

11. Pick up the suction catheter with your dominant hand without touching any nonsterile surfaces. Pick up the connecting tubing with your nondominant hand. Secure the catheter to the tubing.
12. Check that the equipment is functioning properly by suctioning a small amount of normal saline solution from the basin.

13. Suction the airway:

A. Nasopharyngeal and nasotracheal suctioning:

(1) Increase the oxygen flow rate for face masks, as ordered by the health care provider. Have the patient take slow, deep breaths.

(2) Lightly coat the distal end of the catheter 6 to 8 cm (2.4 to 3.2 inches) with the water-soluble lubricant.

(3) Remove the oxygen delivery device, if applicable, with your nondominant hand. Without applying suction, and using your dominant thumb and forefinger, gently but quickly insert the catheter into one of the patient’s nares. Instruct the patient to inhale deeply while you insert the catheter following the natural course of the nares. Slightly slant the catheter downward. Do not force the catheter through the nare.

(4) Positioning: In some instances, turning the patient’s head improves suction efficacy. If you feel resistance after inserting the catheter, use caution. The catheter has probably hit the carina. Pull the catheter back 1 to 2 cm (0.4 to 0.8 inches) before applying suction.

i. Nasopharyngeal (without applying suction): In adults, insert the catheter about 16 cm (6.4 inches); in older children, 8 to 12 cm (3 to 5 inches); in infants and young children, 4 to 7.5 cm (1.6 to 3 inches). A rule of thumb is to insert the catheter the distance from the tip of the nose (or mouth) to the angle of the mandible.

ii. Nasotracheal (without applying suction): In adults, insert the catheter about 20 cm (8 inches); in older children, about 16 to 20 cm (6 to 8 inches); and in young children and infants, 8 to 14 cm (3 to 5½ inches).

(5) Apply continuous suction by placing your nondominant thumb over the vent of the catheter for 15 seconds or less and slowly withdrawing the catheter while rotating it back and forth between your dominant thumb and forefinger. Encourage the patient to cough. Replace the patient’s oxygen device, if applicable, and have the patient breathe deeply.

(6) Assess the need to repeat the suctioning procedure. Do not perform more than two passes with the catheter. Be alert for alterations in the patient’s cardiopulmonary status. When possible, allow adequate time—at least 1 minute—between suction passes for ventilation and oxygenation. Encourage the patient to breathe deeply and cough with the oxygen mask in place.
(7) Rinse the catheter and connecting tubing with normal saline or water until it is cleared.

14. When suctioning is complete, disconnect the catheter from the connecting tubing. Roll the catheter around the fingers of your dominant hand. Pull the glove off inside out so that the catheter remains coiled inside of the glove. Pull off the other glove over the first glove in the same way. Discard the gloves with the used catheter and other supplies in the appropriate receptacle. Turn off the suction device.

15. Remove the towel, place it in the laundry or appropriate receptacle, and reposition the patient.

16. If indicated, readjust the patient’s oxygen to the original level; the patient’s blood oxygen level should have returned to baseline.

17. Discard the remainder of the normal saline in the appropriate receptacle. If the basin is disposable, discard it into the appropriate receptacle. If the basin is reusable, rinse it and place it in the utility room.

18. Place an unopened suction kit on the suction machine table or at the head of the bed.

19. Position the patient, and provide oral hygiene as needed.

20. Help the patient into a comfortable position, and place toiletries and personal items within reach.

21. Place the call button within easy reach, and make sure the patient knows how to use it to summon assistance.

22. To ensure patient safety, raise the appropriate number of side rails and lower the bed to the lowest position.

23. Perform hand hygiene.

24. Document and report the patient’s response and expected or unexpected outcomes.