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Oral and Nasal Suctioning

Patient name: _____

Admission: _____

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- I. **The client/caregiver can state the purpose of oral or nasal suctioning.**
 - A. To mechanically remove secretions from client's airway via the nose (nasopharynx), mouth (oropharynx), or trachea
 - B. To maintain an open and patent airway

- II. **The caregiver can discuss/demonstrate how to prepare for suctioning.**
 - A. Show proper hand washing before and after suctioning.
 - B. Explain purpose of the procedure, and include the method to be used.
 - C. Gather equipment, including suctioning machine, suction catheters, sterile saline solution, and disposable gloves.
 - D. Review signs and symptoms that indicate need for suctioning, such as
 - Congested-sounding cough
 - Coarse wheezing that can be heard by client or caregiver
 - Visible secretions
 - E. Discuss that suctioning can be repeated as needed, but it is important to try deep breaths and to allow 20 to 30 seconds between suctioning attempts.

- III. **The client/caregiver can demonstrate how to suction.**
 - A. Position client.
 1. The client should be in semi-Fowler's position.
 2. The unconscious client should be placed in the lateral position facing you.
 - B. Turn on suction machine and adjust to appropriate pressure level.
 - C. Open the suction catheter kit, and pour saline touching only outside surface.
 - D. Put on sterile gloves. The dominant hand that handles the catheter must remain sterile.
 - E. Attach catheter to suction tubing and moisten catheter with saline.

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- F. Place finger over Y tube to check suction.
- G. Gently insert catheter with the suction off.
- H. Place catheter along the base of nostril to trachea for nasopharynx suctioning.
- I. Insert catheter along side of the mouth towards trachea for oropharynx suctioning.
- J. Do not suction until catheter is fully inserted.
- K. Apply suction and gently rotate catheter as it is withdrawn limiting suctioning to 10 to 15 seconds.
- L. Flush tubing with sterile water after suctioning.
- M. Apply oxygen or instruct client to take deep slow breaths after suctioning.
- N. Note the characteristics of sputum and client's response to suctioning.
- O. Use each catheter only once.
- P. Offer oral care and clean suction equipment.

- IV. **The client/caregiver can state measures to care for equipment.**
 - A. Keep adequate supplies on hand.
 - B. Empty collection bottle after each suctioning.

- V. **The client/caregiver can list general care measures.**
 - A. Signs and symptoms that should be reported to physician or nurse are
 - Restlessness, anxiety, confusion, or difficulty concentrating
 - Bluish fingernails or lips
 - Palpitations
 - Fever
 - Changes in color, consistency, amount, and odor of secretions
 - B. Keep follow-up appointments with physician.
 - C. Take medications as ordered.

(Continued)

RESOURCES

Home health agency
Medical supply company
Respiratory therapist

REFERENCES

Ackley, B. J., & Ladwig, G. B. (2006). *Nursing diagnosis handbook: A guide to planning care*. St. Louis: Mosby Inc.

Canobbio, M. M. (2006). *Mosby's handbook of patient teaching*. St. Louis: Mosby Inc.

Taylor, C., Lillis, C., & LeMone, P. (2005). *Fundamentals of nursing*. Philadelphia: Lippincott, Williams & Wilkins.

Timby, B. K., & Smith, N. C. (2003). *Introductory medical-surgical nursing (8th ed.)*. Philadelphia: J. B. Lippincott Williams & Wilkins.