

Airway Suctioning Check-Off

Practice suctioning on the Airway Suction Trainer using the following steps:

1. Verify the order for suctioning from the healthcare provider.	
2. Gather all supplies and ensure the equipment is set up properly.	
3. Confirm the identity of the patient.	
4. Perform hand hygiene and apply the appropriate PPE.	
5. Administer medications, if necessary.	
6. Perform a baseline assessment unless the need for suctioning is urgent.	
7. Provide the patient with instructions of the procedure.	
8. Place the patient in a semi-Fowler's position with their head supported in a neutral position if not contraindicated.	
9. ORAL SUCTIONING: Measure the catheter from the tip of the nose to the earlobe to determine length.	
10. Preoxygenate with 100% oxygen for 1 minute before suctioning.	
ORAL SUCTIONING	TRACHEAL SUCTIONING
11. Remove a rigid catheter (Yankauer) from its packaging and attach it to the connection tubing.	11. Open a suction catheter kit and don sterile gloves. The dominant hand must remain sterile. Pour sterile water/normal saline into the basin in the kit tray. Squeeze lubricant onto a separate basin of tray.
12. Do not discard the packaging. The packaging will be used to store the catheter for reuse.	12. Pick up a catheter from the kit with the dominant hand without touching non-sterile surfaces.
13. Open the mouth, looking at the throat to verify the condition of the airway.	13. Pick up the connection tubing with the non-dominant hand. Connect and secure the catheter to the connection tubing.
14. Ask the conscious patient to cough, if able.	14. Check proper suctioning function by suctioning a small amount of normal saline from the basin.
15. Gently insert the tip of the catheter into the patient's mouth and advance the catheter towards the oropharynx by gently pushing the tongue down.	15. Open the mouth with the non-dominant hand, looking at the throat to verify the condition of the airway.
16. Stimulate the cough reflex if the patient does not cough naturally.	16. Remove any visible surface secretions before inserting the catheter deep into the patient's nare, mouth, tracheostomy tube, or endotracheal tube with normal saline.

17. Apply suctioning while moving the tip of the catheter around the mouth until secretions are clear. Place a finger over the catheter side opening to create suction.	17. Ask the conscious patient to cough, if able.
	18. NASOPHARYNGEAL: Apply lubrication on the distal end of the catheter before inserting in the nares.
	19. Gently insert the suction catheter into the patient's airway without applying suction. Withdraw the catheter 1-2 cm once resistance is felt. Do not force the catheter if inserting is difficult; remove and reinsert.
	20. Stimulate the cough reflex if the patient does not cough naturally.
	21. Place a finger on the catheter side opening to apply suction while withdrawing the catheter in a circular motion intermittently for 10-15 seconds. TRACHEAL: Catheter does not need to be rotated when using an in-line/closed suction system.
22. Reoxygenate the patient for 1 minute with 100% oxygen.	
23. Observe the aspirated secretion for amount, color, consistency, or any blood.	
24. If ordered, collect a sample of the secretions and place them into a collection cup.	
25. Rinse the catheter with normal saline to remove secretions. EMS: Catheter irrigation is not needed, and the catheter can be disposed of once suctioning is complete.	
26. Repeat suctioning if needed until the airway is clear with a maximum of 3 attempts. TRACHEAL: Suction oropharynx when tracheal suctioning is complete.	
27. Allow 30 seconds to 1 minute between suctioning attempts to monitor patient vitals, allow the patient to rest, and determine the effectiveness or possible complications.	
28. ORAL: Place the catheter in the original packaging or in a clean and dry area to reuse later.	28. TRACHEAL: Return the oxygen to the prescribed liter flow.
29. Discard any disposable supplies appropriately.	
30. Monitor the patient's vitals for potential complications, perform a respiratory assessment, and determine the effectiveness of suctioning.	
31. Document the procedure in the patient's chart.	