NASOPHARYNGEAL AND OROPHARYNGEAL SUCTIONING

PROCEDURE ©

DOCUMENT SUMMARY/KEY POINTS

- This procedure is to assist with airway clearance if the patient is unable to cough, expectorate, swallow or otherwise clear the upper air passages effectively
- During and following suctioning it is important to assess the: patient's colour, pulse rate, respiratory rate and pattern, chest movement, breath sounds, oxygenation, volume and consistency of secretions, presence of bleeding or evidence of physical trauma and subjective responses including pain.
- When suctioning unstable patients, the following monitoring should be in place: ECG monitor and pulse oximetry.
- Risks are increased in a combative or unco-operative patient and staff are advised to utilise additional resources.
- Under no circumstances should the suction port be applied directly to the nostril or into the nose.
- Note potential for adverse event/risks
- Note contraindications
- Document the time of suctioning, the amount, colour, consistency of secretions and any adverse reactions to suctioning.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
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Team Leader:	Clinical Nurse Consultant, Respiratory	**Area/Dept**: Respiratory, SCH

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CHANGE SUMMARY

- Document due for mandatory review; no change to practice.
- Replaces Nasopharyngeal And Oropharyngeal Suctioning - SCH
- Addition of ECG related document
- Alerts added to manage deterioration of patient in relation to Between the Flags
- Updated management of equipment
- Updated references
- Added picture of ear

READ ACKNOWLEDGEMENT

Nursing, medical and allied health staff caring for infants, children and young people in the acute setting should read and acknowledge they understand the contents of this document.

Introduction

- A patent airway is provided by removing accumulated secretions, such as saliva, blood, vomitus, mucous and other foreign material from the nasopharynx and oropharynx that cannot be removed by the patient's spontaneous cough and swallow or by repositioning.
- In most situations, clinicians should not stimulate a cough, as this may also stimulate the patient to vomit and the patient may aspirate the vomitus. Physiotherapists may purposely aim to stimulate a cough to clear lower airway secretions as part of their treatment sessions.
- Currently there is no available evidence to support the routine use of normal saline nasal drops.

Adverse Events/Risks associated with suctioning may include:

- Desaturation (O_2 saturation <90%), hypoxia
- Bradycardia/bradyarrhythmia
- Bronchoconstriction/bronchospasm
- Laryngospasm
- Hypotension
- Mechanical trauma
- Infection
- Coughing episodes
- Retching, gagging, vomiting, aspiration
- Pain
- Misdirection of catheter
- Raised intracranial pressure

Adverse Reaction

1. Stop suctioning immediately should an adverse reaction occur.

   for example: respiratory distress, bradycardia, bradyarrthythmia, laryngospasm, bronchopspasm.

ALERT: Between the Flags

Any clinical deterioration whereby a child is recorded in the yellow or red zones on SPOC must result in a formal CLINICAL REVIEW or RAPID RESPONSE

If vomiting occurs:

- Position patient to allow ease of removal of vomitus
- If the patient is unable to clear his/her own secretions, gently suction oropharynx.

ALERT: Between the Flags

Patients should NOT be transferred with SPOC Observations in RED zone unless there is a documented plan of care and altered criteria in place by admitting team/ED Consultant or as per local process

Contraindications

- Pertussis
- Skull fractures
- Acute head, facial or neck injury
- Laryngospasm
- Coagulation or bleeding disorders
- Post-operative ear, nose or throat surgery and cleft palate repair due to the risk of interrupting haemostasis.
- Nasal bleeding
- Occluded nasal passages raised intracranial pressure

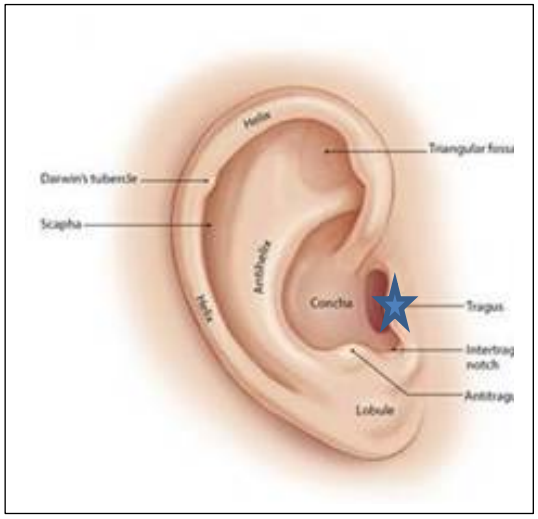
Equipment

- Sterile suction catheter - size of catheter chosen will depend on age/size of child's nares and tenacity of secretions. A guide is as follows:
  - Size 6 (FG) neonates
  - Size 6 - 8 (FG) young child (usually up to 5 years of age)
  - Size 8 -10 (FG) older child (usually 6 - 10 years of age)
  - Size 10 - 12 (FG) adolescents
- Wall or portable suction
- Wall or portable oxygen therapy
- Oxygen face mask
- Suction tubing
- Personal protective equipment (PPE) (non-sterile gloves and an eye/face shield)
- Consider lubricating gel

Procedure

1. Perform respiratory assessment.
2. Explain procedure to child (age dependent) and parents/caregiver and give reassurance.
3. Patients receiving supplemental oxygen should be assessed for the need for hyperoxygenation prior to and/or during suctioning to minimise the potential adverse effect of hypoxia during suctioning.

4. Assemble equipment - ensure oxygen therapy with attached oxygen face mask is available prior to commencement of the procedure.
5. Perform basic hand hygiene
6. Parent/carer or assistant may swaddle (wrap and support) the patient whilst the patient is lying on the bed.
7. Open sterile suction catheter packaging slightly and attach suction catheter to suction tubing.
8. Measure insertion length - appropriate insertion length is determined by measuring the distance from the tip of the nose to the tragus of the ear.



Turn suction on at wall. Amount of pressure exerted is not dependent on the degree to which the black dial is turned on. If a pressure gauge is available recommended suction pressures 80-150 mmHg.

NOTE: If pressure is set any higher, no more secretions are removed but the amount of trauma is increased.

9. Perform basic hand hygiene again
10. Apply PPE (non-sterile gloves and eye/faceshield). Without touching the tip of the catheter, remove sterile suction catheter from packaging.
11. Apply lubricating gel to the end of the suction catheter if this is deemed appropriate, e.g. previous history of difficulty in passing suction catheter through nasopharynx
12. Suction the nasopharynx first, as it is considered cleaner than the oropharynx, and then if necessary suction the oropharynx.
13. Insert catheter next to the nasal septum and advance to the back of the nose - do not occlude suction port.
14. Occlude suction port continuously only on removal of catheter. Do not rotate catheter - it does not increase amount of fluid obtained.

ALERT: Under no circumstances should the suction port be applied directly to the nostril or into the nose.

15. The procedure should only take a maximum of 5 seconds for infants or 10 seconds for an older child to perform.
16. Assess the need to repeat the procedure. Allow the patient to rest between each pass of the suction catheter and provide reassurance to the patient. It is recommended that no more than three suction passes be made during any one suctioning episode.
17. Disconnect suction catheter from tubing.
18. Dispose of gloves and suction catheter into clinical waste container. Remove PPE and discard
19. Perform basic hand hygiene.
20. Check patient is comfortable and reassess respiratory status.
21. Document the time of suctioning, the amount, colour, consistency of secretions and any adverse reactions to suctioning.

Outcomes

- Audible and visible secretions are removed.
- The patient's airway is clear and the effort of breathing is improved.
- Improved oxygenation
- The patient is comfortable, pain free from the procedure and the patient's emotional and psychological wellbeing are assessed as optimal.
- No adverse reaction has occurred. If an adverse event has occurred, the appropriate interventions have been implemented.

Related Documents

- Pulse Oximetry
  http://chw.schn.health.nsw.gov.au/o/documents/policies/guidelines/2015-9055.pdf
- Oxygen Therapy and Delivery Devices – SCHN
  http://chw.schn.health.nsw.gov.au/o/documents/policies/guidelines/2013-7019.pdf
- Continuous Electrocardiography (ECG) Monitoring – SCH:
  http://chw.schn.health.nsw.gov.au/o/documents/policies/guidelines/2013-7006.pdf

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