

## B-230 R Tracheostomy Suctioning

### Purpose

Maintain a patent airway.

Facilitate air exchange by removing secretions from the trachea.

Minimize tracheal trauma.

### Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): \_\_\_\_\_

### Equipment/Supplies

Clean technique is used unless otherwise indicated.

- Suction machine and connector tubing.
- One pair of disposable gloves.\*
- Suction catheter (size 12-16 Fr. for adult; 6-12 Fr. for child).\*
- Normal saline or tap water.\*
- Water-soluble lubricant.\*
- Basin.\*
- Oxygen, if needed by client

\*Note: If suctioning is to be done with sterile technique, these items must be sterile. A newly formed tracheostomy requires sterile technique until the incision heals and the stoma is well-developed in order to prevent the introduction of microorganisms.

### Procedure

1. Wash hands. Refer to the Hand Washing procedure.
2. Prepare suction equipment and turn the machine on. Set the vacuum regulator to appropriate negative pressure, if the machine is variable. *Elevated pressure settings increase risk of trauma to the tracheal mucosa.*
3. Open catheter and supplies. Don gloves, and gown and mask as indicated. Pour water or normal saline into basin.
  - a. *Sterile Technique:* Use sterile technique with sterile gloves and supplies as noted above.
  - b. *Clean Technique:* Use clean technique with clean gloves and supplies as noted above.
4. Attach the catheter to tubing. Suction a small amount of water from the basin.

5. Lubricate the catheter tip with water-soluble lubricant.
6. With your thumb off the control, insert the catheter approximately five inches into tracheostomy. *This minimizes the risk of mucosal damage and hypoxia and positions the catheter correctly.*
7. Apply intermittent suction (10-12 sec.) by placing and removing the thumb over the control as you gently withdraw the catheter while rotating it back and forth between the thumb and index finger.
  - a. Intermittent suction and rotation of catheter minimizes hypoxia and injury to mucosa.
8. If secretions are difficult to remove, you may instill 3-5 ml of sterile normal saline into the tracheostomy.
9. Place the catheter into water or normal saline. Apply suction to rinse the catheter and connecting tubing.
10. Allow for a rest period (one to three minutes between passes) and repeat procedure until the airway is cleared.
  - a. Limit suction time to three to five minutes. Reapply oxygen as needed.
  - b. Rest periods allow for rest and reoxygenation.
  - c. Repeated passes with the suction catheter help to clear the airway of excessive secretions and promote oxygenation.
11. Perform nasal and oral pharyngeal suctioning after tracheal suctioning is completed. *This removes upper airway secretions and prevents additional introduction of microorganisms into the respiratory tract.*
12. Remove gloves and dispose of equipment according to the Agency Waste Disposal Policy.
13. If clean technique is used, catheters may be reused.

**Documentation Guidelines**

Document in the clinical record:

1. The client’s return to baseline with suctioning.
2. Color and consistency of secretions.

**Related Procedures**

None

**Policy History**

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