

PROCEDURE FOR: Tracheal Aspiration (Deep) Intubated Patient

POLICY: Instillation of sterile saline may assist in mobilizing the secretions as well, but should not be used routinely due to risk of introducing infection deeper into the lungs.

EQUIPMENT: Closed suction system or
Sterile suction catheters (1/2 size of ET) and sterile glove
Ambu bag (or compatible product)
Oxygen Flowmeter with connecting tubing
Oxygen source
Sterile 5cc or 10cc ampules of normal saline (optional)
Suction canister with connecting tubing

PROCEDURE:

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
A. <u>Open System Suctioning</u>	
1. Open end and attach suction catheter to connecting tubing. Do not remove sterile wrapping.	1. Maximum suction should be no greater than 200 mm Hg when full suction.
2. Pre-oxygenate patient.	2. Pre-oxygenate patient via ventilator unless nursing judgment or MD order states to use ambu bag giving 5-6 breaths.
3. Put on sterile gloves.	
4. Remove catheter package with unsterile hand. Take patient off ventilator.	4. Keep one hand and catheter sterile. Two glove technique prevents cross contamination.
5. With sterile hand remove catheter from package and insert into ETT as far as it will go. Do not apply suction while inserting catheter.	5. Prevents mucosal damage.
6. Withdraw catheter, 1-2 cm to remove catheter tip from mucosal membrane and prevent tissue damage.	
7. Create intermittent suction by applying thumb of unsterile hand over opening of catheter. Withdraw with a twisting motion.	7. Do not suction longer than 5-10 seconds.
8. Oxygenate patient for several deep breaths.	8. Monitor cardiac rhythm.

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ACTION

POINTS OF EMPHASIS

9. With suction on: repeat once if necessary. Allow patient to rest between suctioning. May suction mouth and nose.

10. Discard catheter and gloves after use.

11. Flush suction tubing with tap water.

B. Closed System Suctioning

1. Confirm that closed system suction catheter is in place and open the thumb suction control valve.

2. Pre-oxygenate patient, via ventilator.

3. Put on non-sterile gloves.

4. Insert closed sheathed suction catheter into ETT (while not applying suction) as far as it will go.

5. Create intermittent suction while withdrawing the catheter.

6. Repeat if necessary, allow patient to rest between suctioning.

7. Flush suction tubing with 5cc-10cc ampule of NS and turn the thumb suction control valve to the OFF position.

9. Do not use catheter in trachea if it has been used in mouth, nose or pharynx.

REFERENCES: ICU Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 1/86

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REVISION DATE: 2/87, 1/88, 2/90, 1/93, 1/95, 3/96, 5/97, 3/00, 10/03