



**Procedure:**

1. Obtain the necessary equipment setup and assemble at patient's bedside
  - Check operation of resuscitation bag at bedside (if applicable)
  - Connect suction device, turn vacuum source on, occlude connecting tube with thumb to verify safe and adequate vacuum level
  - Properly position patient : semi-Fowlers position; assure neck is not hyperextended
2. Explain to patient what you are about to do. Be reassuring.
3. Wash your hands thoroughly. Observe universal precautions.
4. Assess patient's condition
5. Pre-oxygenate patient before beginning suctioning
6. If patient is on a ventilator, either attach an inline suction catheter setup or utilize the inline suction catheter setup provided for use at bedside.
7. If patient is not on a ventilator, open sterile suction catheter (or sterile suction kit if applicable). **DO NOT TOUCH CONTENTS.** To prevent infection you want to keep everything as clean as possible. Arrange equipment so it is readily accessible to you within your sterile field.
  - Apply sterile gloves
  - Remove sterile suction catheter with dominant hand. **DO NOT TOUCH ANYTHING ELSE EXCEPT CATHETER WITH THIS HAND TO MAINTAIN STERILE TECHNIQUE.**  
To prevent contaminating the catheter, wrap it around your fingers. (The same catheter may be reintroduced to the trachea if it has not touched anything. However, it must be discarded after each suctioning period)
  - Grasp suction tubing with other gloved hand
8. If secretions are thick, normal saline may be instilled into the tracheostomy or endotracheal tube to make the secretions thinner (tracheal lavage technique). The saline is to be instilled just prior to inserting the catheter.
9. With suction on and the finger control port open (or in the case of an inline suction catheter, the suction activation button not depressed) gently advance the catheter through the tube until the cough reflex is stimulated or resistance is met. Withdraw catheter slightly.
10. Now apply suction intermittently while rotating and withdrawing catheter  
***NOTE:** Do not leave suction catheter in the airway for longer than 10-15 seconds. Do not hold suction control port or suction button for more than 5 seconds. Do not jab catheter up and down. Never force the catheter into the airway.*

11. Wait a few minutes before suctioning again. Allow patient to rest between suctioning attempts.
  - Assess / evaluate patient (pulse, respiratory rate, patient color, use of accessory muscles; color, amount and consistency of secretions)
  - Auscultate patient's lungs to determine if additional attempts are warranted to clear lungs. Repeat as necessary (or tolerated) until airway seems to be cleared and no secretions can be heard.
12. Discard catheter by wrapping around fingers of dominant hand. Take the glove by cuff and remove it inside out, keep the catheter inside the glove, to minimize contamination. Dispose of in appropriate trash container.
13. Rinse vacuum connecting tube with rinsing solution
14. Turn off vacuum source. Wash hands.
15. Document procedure and results on appropriate Ventilator Flowsheet, Respiratory Treatment Sheet, or patient's chart.

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