



## ORAL-NASAL SUCTIONING

### I. GENERAL INFORMATION

- A. Purpose: To maintain a patent airway by removing mucous secretions and all foreign materials from the oropharynx (mouth and throat) and/or nasopharynx (nose).
- B. The suction machine or bulb syringe needs to remain with the student at all times.
- C. Encourage student to cough to clear airway and possibly eliminate need for suctioning.
- D. Clean technique is used for oral/nasal pharyngeal suctioning.
- D. Suctioning shall be performed:
  - 1. According to Individual Student Health Plan (ISHP).
  - 2. When indicated by:
    - a) Upon request of child.
    - b) When noisy, moist respirations occur.
    - c) When respiratory distress exists (restlessness, crying, anxious look, pale color, and nasal drainage).
    - d) When mucous is visible.
  - 3. Transport student to designated area for suctioning if possible (e.g.: bathroom, outside class) to provide privacy.

### II. PERSONNEL

- A. School Nurse
- B. Designated school personnel under direct or indirect supervision by the credentialed school nurse.



## ORAL-NASAL SUCTIONING

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>Equipment and Supplies</b> <b>*(Responsibility of parent/care provider)</b>	1. *Suctioning machine including collecting bottle, connecting tube. 2. *Sterile disposable suction catheters. 3. *Bulb syringe or Yankaeur catheter (bite reflex may inhibit use of soft catheters). 4. Tap water in paper cup/clean bottles.	5. Gloves. 6. Clean tissues. 7. Plastic lined wastebasket or plastic trash bag. 8. PPE (personnel protective equipment – mask, goggles, gown, and gloves).	
<b>PROCEDURE</b>			
<b>ESSENTIAL STEPS</b>		<b>KEY POINTS &amp; PRECAUTIONS</b>	
<b>FOR ALL SUCTIONING FOLLOW STEPS 1 TO 4.</b> 1. Verify at the beginning of each school day that all equipment/supplies are ready for immediate use and initial checklist. 2. Wash hands prior to suctioning unless it is an emergency. 3. Explain procedure to the child at appropriated level of understanding. 4. Position student in upright position (or side lying if emergency) with head turned slightly to side. <b>FOR BULB-SYRINGE SUCTIONING, FOLLOW STEPS 5 – 8.</b> 5. Put on gloves.		The checklist is a legal requirement.	
6. Obtain a suction by squeezing the bulb <u>prior</u> to entering orifice (mouth, nose) where secretions are visible. Once inside mouth, release squeeze, which will cause a suction, collecting the secretions. Remove bulb syringe and squeeze out secretions onto paper tissue. Repeat process until airway is clear, allowing the student brief rests between insertions.		If bulb is squeezed inside orifice, secretions may be forced into airway.	

ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS
<p>7. Clean the bulb syringe with tap water after use.</p> <p>8. Record procedure on (SPCHS) log.</p> <p><b>FOR CATHETER SUCTIONING, FOLLOW STEPS 9 – 17.</b></p> <p>9. Assemble and prepare equipment in a clean area:</p> <ol style="list-style-type: none"> <li>Fill cup with water.</li> <li>Open catheter package.</li> <li>Place tissue nearby.</li> </ol> <p>10. Attach catheter to suction tubing and turn on suction machine.</p> <p>11. Glove.</p> <p>12. Calculate length of catheter to insert by measuring from nose to ear to just below angle of the jaw (for nasal/oral only).</p> <p>13. Place catheter tip in water to draw a small amount of water through it to lubricate the tip.</p> <p>14. Leave the vent open when introducing the catheter. Apply suction by placing thumb over vent and withdraw the catheter with a rotating motion. Suctioning should not exceed 10 seconds each time catheter is introduced.</p>	<p>Disinfect with soap and water (at school or send home).</p> <p>For catheter oral suctioning, suction the mouth first and then the nares. If the nose is suctioned first, this can cause a gasp and secretions in the oral (mouth) pharynx may be aspirated.</p> <p>Gloves are used to keep catheter and hands clean.</p> <p>Pre-measurement will prevent suctioning the esophagus and gastric secretions.</p> <p>For children, 100 mg Hg of negative pressure is recommended (or physician's recommendation).</p>
<p>15. Oral suction in the following order:</p> <ol style="list-style-type: none"> <li>Introduce catheter into the mouth. If no cough reflex, suction throat.</li> <li>Introduce catheter just inside the nares and suction.</li> <li>Repeat suctioning until the pharynx is clear, allowing the child brief rests between catheter insertions.</li> </ol>	<ol style="list-style-type: none"> <li>Never go past the back of the tongue or visible portion of the mouth.</li> </ol>
<p>16. Suction sufficient water through catheter to clear tubing. Wipe outside of catheter with clear tissue if necessary. Replace into original packaging or "Ziploc" bag.</p>	
<p>17. Record procedure on (SPCHS) log.</p>	