



TRACHEOSTOMY SUCTIONING

PHYSICIAN TO SPECIFY: - Check Appropriate Boxes:

Same catheter per
school day []

Sterile catheter each
time []

Bulb Syringe []

Inner cannula care []
Required

I. PERSONNEL

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

II. GENERAL INFORMATION

- A. Tracheal suctioning is performed to maintain an open airway by keeping it clear of excessive secretions and to stimulate cough.
- B. A qualified person, trained in trach suctioning, must be immediately present & accompany the student at all times; including transportation and field trips.
- C. The student must have easy access to the suctioning equipment at all times.
- D. The student should be encouraged to clear airway by coughing and possibly eliminate the need for suctioning.
- E. Unnecessary suctioning should be avoided to reduce chances of tracheal injury and infection. Increased suctioning may lead to tracheal irritations and/or increased secretions.
- F. Suctioning shall be performed:
 - 1. According to physician's orders which may include removal of inner cannula.
 - 2. Upon request of child.
 - 3. When noisy, moist respirations occur.
 - 4. When respiratory distress exists (restlessness, crying, anxious look, pale or dusky color, chest retractions, nasal flaring and/ or labored breathing).
 - 5. When mucous is visible at trachea opening and student is unable to clear it with cough.



TRACHEOSTOMY SUCTIONING

Student's Name: _____ DOB: _____

Equipment and Supplies *(Responsibility of parent/care provider)	1. *Suction machine including collecting bottle, connecting tube and adapter when needed. 2. *Resuscitation bag when ordered (such as Ambu bag). 3. *Sterile disposable suction catheters and/or bulb syringe if indicated. 4. *Extra sterile tracheostomy replacement kit. 5. *Non-waxed <u>clean</u> paper cups.	6. *Supply of sterile normal saline (or single dose vials). 7. *Supply of water. 8. *Sterile syringes for introducing saline into trachea. 9. Clean tissues or gauze pads. 10. Plastic lined wastebasket (kept beside machine and used for contaminated materials). 11. Personal protective equipment (face & eye protection, apron, gloves, etc.)
PROCEDURE		
ESSENTIAL STEPS		KEY POINTS & PRECAUTIONS
1. Verify that the tracheostomy tube is in place and secure. 2. Verify at the beginning of each school day that all equipment/supplies are ready for immediate use and document on the checklist. 3. Turn suction machine on and place thumb over end of connecting tubing (ensure that connecting tube is in place). a. Assure that suction bottle is clean and empty. 4. Determine need for suction. 5. Explain procedure to the child at appropriate level of understanding.		Bus aide must verify prior to transporting student to school. For bus transportation: if equipment is not functioning, then student will not be permitted to attend school. Note: For machines with adjustable manometers ensure that pressures are appropriate as follows: Infant (less than 2 years): 50-95 mm Hg Child (2-8 years): 95-100mm Hg Adult (8 & above): greater than 115 mm Hg

ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS
<p>6. Position student.</p> <p>7. Wash hands.</p> <p>8. Assemble and prepare equipment on a clean field</p> <ol style="list-style-type: none"> Fill paper cup with water. Open catheter package and while leaving catheter in its wrapper, attach connecting end to suction tubing and turn suction machine on. Open saline vial. Place tissues nearby. <p>9. Glove.</p> <p>10. Place catheter tip in cup of water and suction a small amount of water through it.</p> <p>11. Suction as follows:</p> <ol style="list-style-type: none"> Leaving the vent open, introduce the catheter into the trach tube a distance no longer than that tube. Place thumb over vent to apply suction. With other hand, gently rotate catheter between thumb and forefinger while slowly withdrawing catheter. Suction no longer than 10 seconds at a time. Allow adequate recovery time before re-introducing catheter. Repeat suctioning as needed. 	<p>Positioning is dependent upon student's condition and physician's recommendations. Consider positioning student in a location that can easily be disinfected.</p> <p>Clean field can be established by using a clean covering (disposable towel, paper towel, waterproof pad, etc.) over any cart, tabletop, countertop, wheelchair tray, stool, etc.</p> <p>Catheter is left in wrapper to prevent contamination.</p> <p>May use bulb syringe if indicated (refer to Bulb Syringe in Oral Nasal Suctioning).</p> <p>If inner cannula is used, leave in place unless directed otherwise by physician. If removed, refer to Care and Cleaning of Inner Cannula.</p> <p>Gloves are used to keep catheter and hands clean. This ensures that adequate suction is present.</p> <p>The distance for catheter insertion should be determined during initial training of staff.</p> <p>Length of trach tube can be approximated by measuring replacement trach tube.</p> <p>Suctioning past the trach tube may cause coughing, tracheal irritation, and/or blood-tinged secretions.</p> <p>If student begins to cough, withdraw catheter while suctioning.</p> <p>IMPORTANT: If you are unable to pass catheter through trach tube, it may be obstructed. If signs of respiratory distress occur (labored breathing, apnea, pallor and/or cyanosis), the trach tube should be changed. Refer to TRACHEOSTOMY REPLACEMENT PROCEDURE.</p> <p>Prolonged suctioning can cause throat spasm, loss of oxygen and changes in heartbeat.</p> <p>If secretions are thick, instill 3 to 5 drops of saline into trach tube opening then repeat suctioning. Saline aids in loosening mucous. This will cause coughing, therefore, hold tissue near trachea to catch spray and/or mucous to prevent contamination of surroundings.</p> <p>Respirations should be quiet and effortless at end of suctioning.</p>
ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS

<ol style="list-style-type: none"> 12. Suction sufficient water through catheter to clear out tubing. 13. If catheter can be used again (per physician order), replace catheter in package. 14. If catheter cannot be used again, hold catheter in gloved hand, pull glove off, encase catheter in glove and discard both. 15. Discard paper cup. 16. Wash hands. 17. Recap water and make sure equipment is ready for immediate reuse. 18. At the end of the school day, glove and empty contents of suction bottle into toilet and rinse with water. 19. Close plastic liner of wastebasket securely prior to disposal. 20. Record procedure on SPHCS log. 	<p>Cleaning and disinfecting the suction canister is a parent/careprovider responsibility. However, if the suction machine is school property and remains at school then it must be cleaned according to manufacturer's instructions.</p>
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