Quick Look Procedure Resource for NON-CRITICAL CARE staff

Inline suction of patients with endotracheal or tracheostomy tube

- 1. Patient is coughing
- 2. Falling oxygen saturations (SpO2)
- 3. Hear (bubbling noise), feel, see (in ETT tube, circuit) secretions

HOW TO PERFORM

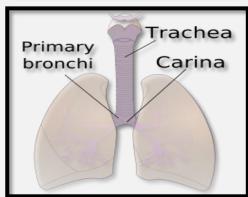
1. Suction equipment

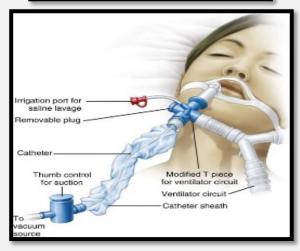
- Check suction equipment is working i.e. disconnect the suction from the inline catheter and test on gloved hand
- •Check suction pressure is between 11-16Kpa(80-120mmHg)
- Can use up to 20kpa/150mmHg if thick secretions
- Normal saline to flush the inline suction.

2. Suction procedure

- Hyper-oxygenate patient done via button on ventilator – an ICU nurse will show you
- Gently insert the inline suction catheter until stimulates a cough reflex
- •This is usually when the carina is reached
- Withdraw the catheter 2 cm before applying suction – DO NOT apply suction to the carina
- Patients receiving a paralyzing agent will not cough – but you will feel when you reach the carina – again withdraw 2 cm before applying suction
- Apply continuous suction drawing catheter withdrawal for max 15 seconds
- •If another suction is required allow 60 seconds before repeating
- Document secretion consistency, volume, colour







KEY SAFETY CONCERNS/WHEN TO CALL FOR HELP

- 1. Suctioning can <u>worsen</u> BP/HR instability & O2 levels if this happens **CALL for HELP**
- 2. Always wear PPE
- 3. ONLY suction when needed avoid repeated suction -harmful & distressing
- 4. If unsure ask for help from ICU nurse or physiotherapist, **NEVER** attempt if not sure how to perform