## Procedure: Tracheal suctioning

Trainee Name:	Title:	Date:
Trained Name.		Datc

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Procedure steps	Rationale	Evaluator	Evaluator	Evaluator
		Initials/Date	Initials/Date	Initials/Date
1. Check orders.	Verify orders are current.  Note size of suction catheter and depth of catheter insertion.			
2. Wash hands.				
3. Prepare supplies a. Suction machine b. Suction catheter c. Gloves d. Ambu bag	Turn on and test suction machine to confirm function and level of suction pressure. Suction pressure up to 120 mm Hg is recommended.			
Suction catheter				
Closed-system (In-line) suction catheter				
Explain procedure at student's level of understanding.				
5. Position student.	Most students will be seated. Encourage student to cough up any secretions to clear airway. Coughing may produce secretions and eliminate need for tracheal suctioning.			

6.	Open catheter package but do not touch inside of package to maintain sterility. Put on gloves.  If student has a closed-system (In-line) suction connected to the ventilator, the suction catheter is protected within the plastic sleeve.	Sterile gloves may or may not be included with supplies or suction catheter package.		
7.	Pick up catheter with dominant "clean" or sterile gloved hand. Attach to suction tubing and turn on machine using the non-dominant "dirty" hand.	Do not touch part of catheter to be inserted. This should remain sterile.		
8.	Gently insert catheter to predetermined depth measurement into the tracheostomy tube.  Do not apply suction pressure during insertion.	Note the depth/length of catheter insertion. The catheter should not advance beyond length of actual tracheostomy tube. Gagging or coughing may indicate the catheter has been advanced beyond the length of the tracheostomy tube. This can cause irritation to tracheal tissue.		
9.	Apply suction pressure as catheter is removed. Gently rotate catheter between thumb and index finger while withdrawing catheter. Limit suctioning to 5-10 seconds or less, with	Saline bullets are no longer routinely used during suctioning. Saline may increase airway contamination and decrease oxygen saturations. It is not recommended.		

20-30 seconds			
between passes.			
10. Allow student to take	Monitor for signs and		
breaths, or give breaths	symptoms of distress.		
as needed with ambu	Monitor that student can		
bag between catheter	tolerate suction procedure.		
passes.			
11. Discard supplies and			
wash hands.			
12. Document.	Note student's tolerance of		
	procedure. Note color,		
	consistency, and amount of		
	tracheal secretions.		

Evaluator Initials	Evaluator signature