

Suctioning Procedure

Factsheet



Suction procedure

Intervention	Rationale
<ul style="list-style-type: none">• Check equipment• Patient in semi recumbent position head facing you• Paediatric - swaddle in blanket facing you, head slightly extended	<ul style="list-style-type: none">• Safe practice• Prevention of aspiration
Switch suction unit and set appropriately no higher than <ul style="list-style-type: none">• Adults - 20Kpa or 120 mmHg• Paediatric -15Kpa or 115mmHg	<ul style="list-style-type: none">• To ensure machine is working properly• If pressure is too high, this can lead to damage to mucosa.• Greater suction does not mean increased secretion removal
Ask patient to open mouth, in a paediatric patient ask parent to assist in holding the child.	Correct positioning.
Without applying suction insert the Yankeur catheter into mouth and guide it along the inside of the cheek towards to oropharynx.	Suction upon insertion will damage the mucosa.
Apply suction and remove secretions from the oropharynx and debris from the mouth. Do not force the catheter between the teeth or touch the posterior pharyngeal wall.	This could make the patient gag or vomit.
Note the colour of the secretions, if green or yellow, consider specimen.	Possibility of infection.
Assess patient respiratory rate and colour / stats for compromise during procedure.	Suction should only be performed when needed and not routine.
Assess whether further suction is necessary.	Increase airway patency.
Turn machine off and dispose of catheter.	Prevent cross infection.
Record full procedure including samples sent.	Facilitate on-going evaluation/ management.