

**WHITING FORENSIC HOSPITAL**  
**Nursing Policy and Procedure Manual**

**SECTION C: PSYCHOLOGICAL ADAPTATION**

**CHAPTER 12: Medical Emergency Procedures**

**POLICY & PROCEDURE 12.01: TRACHEOSTOMY AIRWAY SUCTIONING**

**Standard of Practice:**

The Nurse will clear the tracheostomy airway of respiratory secretions.

**Standard of Care:**

The patient can expect that the tracheostomy airway will be cleared of respiratory secretions by safe and competent suctioning.

**Procedure:**

1. Assess the patient's lung sounds, respiratory effort, and oxygen saturation level.
2. Determine how much the patient understands about suctioning the airway.
3. Pre-oxygenate the patient for 1-2 minutes until the SaO<sub>2</sub> is maintained at 95% to 100%
4. Obtain a suction kit and suction machine.
5. Secure a container of sterile normal saline and a suction machine, if a wall outlet is unavailable.
6. Plug the portable suction machine into an electrical outlet or attach the suction canister to the wall outlet.
7. Connect the suction tubing to the canister.
8. Turn on the suction machine, occlude the suction tubing, and adjust the pressure gauge to the desired amount.
9. Open the container of saline.
10. Wash your hands.
11. Open the suction kit without contaminating the contents.
12. Don face shield.
13. Don sterile glove(s). If only one is provided, don a clean glove on the non-dominant hand and then don the sterile glove.
14. Pour sterile normal saline into the basin with your non-dominant hand.
15. Consider the non-dominant hand contaminated.
16. Pick up the suction catheter with your sterile (dominant) hand and connect it to the suction tubing with your non-dominant hand.
17. Place the catheter tip within the saline and occlude the vent.
18. Have the patient take a deep breath.
19. Insert the catheter without applying suction, approximately **8-10** inches or until there is resistance, then raise the catheter about 1/2 inch and apply suction.
20. Encourage the patient to cough if it does not occur spontaneously.
21. Occlude the air vent and rotate the catheter as it is withdrawn.
22. Rinse the secretions from the catheter by inserting the tip within the basin of saline

- and applying suction.
23. Provide a 2- to 3-minute period of rest between catheter passages, while the patient continues to breathe oxygen for reoxygenation.
  24. Assess patient's cardiopulmonary status between passes. Repeat steps as needed to clear secretions.
  25. Suction again if any secretions remain in airway.
  26. When completed, pull the gloves off so as to enclose the suction catheter within an inverted glove.

### **Suggested Action**

27. Discard suction kit, catheter, and gloves in a lined waste receptacle.
28. Reposition and evaluate patient to ensure that:
  - a) Airway is clear of secretions
  - b) O<sub>2</sub> Saturation > 94%
  - c) Patient is breathing comfortably
29. Wash hands.
  
30. Document
  - a. Pre-assessment data
  - b. Type of suctioning performed
  - c. Appearance of secretions
  - d. Patient's response