

Nasopharyngeal and Oropharyngeal Suctioning

Student Name: _____

Student Signature: _____

Evaluator Signature: 1st attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 2nd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 3rd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

**** Critical Behaviors that need to be stated or done in order to pass the skill.**

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
<u>Assessment</u>			
1. Avoid distractions.			
2. Check prescriber's suction order and for pain medication if a postoperative patient. Administer the pain medication before suctioning.			
3. **Check chart for allergies, Hx of deviated septum, or nasal polyps			
<u>Planning</u>			
4. Identify expected outcomes.			
5. Gather equipment; whenever applicable, check patency and expiration date <ul style="list-style-type: none"> a. Suction catheter and glove kit b. Sterile saline or sterile water c. Bath towels or blue pad d. Stethoscope & pulse oximeter e. Suction device, canister, and tubing f. Yankauer & oral swab g. Personal Protective Equipment (PPE) 			
<u>Implementation</u>			
6. Upon entering the room <ul style="list-style-type: none"> a. **Perform hand hygiene b. Be aware of your spatial safety, have call light within reach c. Identify self d. Assure privacy d. **Identify patient using 2 forms of identification e. **Ask patient if he/she has allergies and check for identifying arm bands f. Explain what is about to occur g. Allow for patient questions i. Raise bed to comfortable working height k. Adjust room for proper lighting 			
7. Assess patient to confirm need for suctioning (assess lung sounds, oxygen sats, RR, rhythm & depth, nasal flaring, increased work of breathing, retractions, grunting).			
8. Position patient comfortably in semi-Fowler's position, if conscious; place patient in lateral position facing you if unconscious			
9. Place waterproof pad or towel across patient's chest. Move overbed table close to your work area.			
10. Turn on suction unit and adjust to appropriate pressure: <ul style="list-style-type: none"> • Wall unit <ul style="list-style-type: none"> ○ Adult: 100-150 mm Hg ○ Child: 100-120 mm Hg ○ Infant: 80-100 mm Hg • Portable unit <ul style="list-style-type: none"> ○ Adult: 10-15 cm Hg ○ Child: 10-12 cm Hg ○ Infant: 8-10 cm Hg 			

PERFORMANCE BEHAVIORS	*S	*U	COMMENTS
11. **Open sterile suction package with aseptic technique. The packaging becomes the sterile field. Touching only the outside surface, carefully remove the sterile container. Pour sterile saline or water into it.			
12. Hyperoxygenate the patient by increasing the patient's supplemental oxygen level or applying supplemental oxygen per facility policy.			
13. **Don appropriate PPE. Put on sterile gloves. The dominant hand will manipulate the catheter and must remain sterile. The non-dominant hand will control the suction valve.			
14. **Prepare to suction the patient: a. With your dominant sterile hand, pick up the sterile suction catheter. b. With your non-dominant hand, pick up the suction tubing and connect to suction. c. Lubricate the catheter by dipping into saline and checking suction. d. Encourage the patient to take several deep breaths.			
15. **Nasopharyngeal suctioning of the patient: a. Remove oxygen delivery device, if appropriate. b. Gently advance the catheter through the naris approximately 5-6 inches toward the trachea to reach the pharynx. Do not apply suction upon insertion. c. Upon withdrawal apply suction by occluding the suction port with your non-dominant hand. Gently rotate catheter upon withdrawal. Do NOT apply suction for more than 10-15 seconds at a time. d. Replace oxygen delivery device with non-dominant hand and have patient take deep breaths.			
16. Flush catheter with saline and repeat suctioning, allowing for 30-60 seconds rest between suction passes. Alternate nostrils if not contraindicated. Do NOT suction more than 3 times in one suctioning episode.			
17. Oropharyngeal suctioning of the patient: a. Advance the catheter along the sides of the mouth toward the trachea, approximately 3-4 inches. b. Repeat, if necessary.			
18. When done suctioning, wrap catheter in dominant hand while removing gloves. Remove and discard PPE and waste.			
19. **Evaluate patient's response to care including: respiratory rate, effort, oxygen saturation and breath sounds.			
20. Before leaving room a. Offer oral hygiene b. Turn off suction device c. **Reposition patient for comfort and safety d. ** Lower bed e. **Raise appropriate side rails f. **Leave call light and belongings inreach g. ** Perform hand hygiene h. Dispose of used equipment			
<u>Evaluation</u> 21. Record respiratory assessment, time of suctioning, description of secretions, patient's response to procedure and evaluation data.			

***S = Satisfactory, ^U = Unsatisfactory**

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