



Section 14: Appendix 2: Medical Procedures

SECTION 14: SUCTIONING

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P	PARAMEDIC	P

INDICATIONS	SIGNS AND SYMPTOMS	PRECAUTIONS
<ul style="list-style-type: none"> Any patient who is having trouble maintaining an airway and fluid is noted in the oropharynx, endotracheal tube, or tracheotomy Tracheal suctioning should also be performed when rhonchi is heard in the intubated patient or tracheotomy patients 	<ul style="list-style-type: none"> Obstruction of the airway (secondary to secretions, blood, or any other substance) in a patient currently being assisted by an airway adjunct such as a naso-tracheal tube, endotracheal tube, tracheostomy tube, or a cricothyrotomy tube 	<ul style="list-style-type: none"> The patient must be well oxygenated before attempting this procedure

ORAL SUCTIONING

1. Body substance isolation procedures must be used.
2. Assess the need for suctioning.
3. Oxygenate the patient for 30 seconds prior to suctioning.
4. Select an appropriate size suction catheter.
 - a. A soft flexible suction catheter or a "whistle tip" can be used if only fluids need to be removed.
 - b. A yankauer or "tonsil tip" should be used for thick fluids, small particles, or large volumes.
5. Prepare a cup of sterile water or saline to flush the catheter after suctioning and in between attempts.
6. Quickly insert the catheter into the patient's mouth until it is at the desired depth.
7. Apply suction and withdraw the catheter. Suction no more than 15 seconds per attempt.
8. Immediately after each suction attempt, oxygenate the patient for thirty seconds with 100% oxygen.
9. Repeat this procedure as needed until the airway is clear.

TRACHEAL SUCTIONING (Trach tube or endotracheal tube)

1. Body substance isolation procedures must be used.
2. Assess the need for suctioning.
3. Oxygenate the patient prior to suctioning.
4. Select an appropriate size suction catheter.
 - a. A soft flexible suction catheter or a "whistle tip" should be used.
 - b. A yankauer or "tonsil tip" should NOT be used.
5. Prepare a cup of sterile water or saline to flush the catheter after suctioning and in between attempts.
6. While maintaining aseptic technique, quickly insert the catheter into the endotracheal or tracheal tube until it is at the desired depth.
7. Apply suction and withdraw the catheter using a gentle rotating motion. Suction no more than 15 seconds per attempt.
8. Immediately after each suction attempt, oxygenate the patient for thirty seconds with 100% oxygen.
9. Repeat this procedure as needed until the airway is clear.



Section 14: Appendix 2: Medical Procedures

SECTION 14: SUCTIONING-Cont.

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KEY POINTS

- **General**

- In order to maintain aseptic technique, keep the distal end of the catheter in the wrapper when not being used.
- If the suction catheter needs to be set down between suction attempts, place it back inside its wrapper.
- Patients who require assisted ventilations should be hyperventilated before and after every suction attempt.
- DO NOT suction for more than 15 seconds per attempt.
- DO NOT insert farther than the desired depth.
- If a backboarded patient vomits, turn the board on its side and then suction.

- **Oral Suctioning**

- If using a soft flexible suction catheter, determine the length by holding it against the patient's face. Measure from the edge of the patient's mouth to the tip of the ear lobe.
- Patients with clenched teeth may need to be suctioned via the naso-tracheal route. Use a soft suction catheter only.

- **Tracheal Suctioning**

- Even though endotracheal tubes isolate the trachea, if there is fluid present in the lower airway, oxygenation will be reduced.
- There are many patients at home with tracheotomy tubes. These tubes have a tendency to become obstructed because the patient cannot cough normally. EMS is often called when these tubes become obstructed.
- This procedure should be performed with aseptic technique. Use an unopened sterile catheter for every patient.
- Use the largest sized suction catheter that will fit down the endotracheal tube.
- Estimate the length by looking at the distance between the end of the tube and the sternal notch. This approximates the level of the carina.
- If tracheal secretions are extremely thick and unable to be removed, administer 2 - 3 ml of sterile saline followed by 2 BVM ventilations and then perform suctioning.