

Suctioning - Advanced (\geq PL2)

Clinical Indications:

1. Obstruction of the airway secondary to secretions, blood, and or any other substance in a patient currently being assisted by an airway adjunct such as a naso-tracheal tube, endotracheal tube, tracheotomy tube, or a cricothyrotomy tube.

Contraindications:

1. None.

Notes/Precautions:

1. Special circumstances that may result in accurate pulse oximetry readings:
 - a. States of decreased peripheral perfusion - hypotension, hypothermia, hypoperfusion
 - b. Carbon monoxide poisoning, methemoglobinemia, cyanide poisoning
 - c. Excessive ambient light on the pulse oximeter probe - sunlight, florescent lights
2. Remember to treat the patient and not the pulse oximeter reading. The pulse oximeter reading should never be used to withhold oxygen from a patient in respiratory distress.

Procedure:

1. Ensure suction device is in proper working order.
2. Pre-oxygenate the patient.
3. Attach suction catheter to suction device, keeping sterile plastic covering over catheter.
4. Using the proximal opening of the airway and the suprasternal notch and the endpoints, measure the depth desired for the catheter. Judgement may be used regarding the depth of the suctioning with cricothyrotomy and tracheostomy tubes.
5. If applicable, remove ventilation devices from the airway.
6. With the thumb port of the catheter uncovered, insert the catheter through the airway device.
7. Once the desired depth has been reached, occlude the thumb port and remove the suction catheter slowly.
8. Small volume (< 10 mL) of normal saline lavage may be used as needed to help dissolve obstructions due to mucus plugging of the suction catheter.
9. Reattach ventilation device and ventilate the patient.
10. Document time and result in the ePCR.