

INDICATIONS:

When patient is exhibiting respiratory difficulty secondary to secretions in airway or the potential for aspiration exists.

PROCEDURE:

A. Oral Suctioning

1. Pre-oxygenate patient with 100% oxygen.
2. Assemble equipment: Suction unit with tonsil tip or dental tip, personal protective equipment (gloves, goggles, gown).
3. Attach required monitoring equipment.
4. Turn suction unit on and confirm mechanical suction is present.
5. Insert tip without suction.
6. Cover thumbhole to begin suction if using a tip other than dental tip.
7. Apply suction for < 15 seconds.
8. Monitor patient's oxygen saturation.
9. Re-oxygenate patient for at least 2 – 3 minutes between suction attempts.

B. Tracheal Suctioning

1. Pre-oxygenate patient with 100% oxygen.
2. Assemble equipment: Suction unit, correct size suction catheter, sterile rinse, personal protective equipment (gloves, goggles, gown).
3. Attach required monitoring equipment.
4. If patient is being ventilated with BVM prior to suctioning, have someone else remove the bag from end of ET tube prior to suction attempt.
5. Insert catheter into the ET tube without applying suction.
6. Advance catheter as far as possible.
7. Withdraw slowly using **intermittent** suction while rotating catheter.
8. Do not suction more than 15 seconds.
9. Monitor patient's oxygen saturation.
10. Rinse catheter in sterile saline.
11. Re-oxygenate patient for at least 2 – 3 minutes between suction attempts.

C. Suctioning with Meconium Aspirator

1. **If meconium is lightly stained and newborn is vigorous do not suction infant.**
2. Assemble equipment: Suction unit, appropriate size ET tube, personal protective equipment (gloves, goggles, gown.)
3. Attach required monitoring equipment.
4. Turn suction unit on and confirm mechanical suction is present.
5. After infant has been intubated, attach meconium aspirator to end of ET tube.
6. Cover thumbhole to begin suctioning while slowly withdrawing the ET tube. (Do not suction for more than 15 seconds.)
7. Monitor patient's oxygen saturation and heart rate and stop if patient becomes bradycardic.
8. Re-oxygenate patient for at least 2 – 3 minutes between suctioning attempts.
9. If patient has not been intubated and meconium is thick, at the least, aggressive oropharyngeal suctioning should be carried out with the largest diameter suction device available.

NOTES & PRECAUTIONS:

Oral and tracheal suctioning can cause trauma to the oropharynx and airway, bradycardia, or hypoxia. It should not delay other resuscitation.